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ORIGINAL COMMUNICATIONS.

Cancerous communication between the Stomach and Colon. Extract of a letter from Dr. Wm. Waters, of Fredericktown, Maryland. (Communicated by Professor DUNGLISON.)

[Cases like the following are of deep interest to the physiologist and the pathologist. The communication which existed between the stomach and the colon, and the condition of the pylorus, must have interfered with the passage of aliment into the small intestine—the great seat of chylosis. Is the chyle, in such cases, formed and absorbed in the colon? Or may chylosis be effected, as suggested by Bouchardat and Sandras, and others, on certain aliments at least, in the stomach itself?]

V. D., aged 65 years, corpulent and of temperate habits. In July, 1843, he was attacked with symptoms of dyspepsia, such as flatulence, acid stomach, and some pain, heaviness, or sense of fulness across the epigastrium. These symptoms were frequently present until the 10th of January, 1844, when hæmatemesis occurred. It was evident the blood was of an arterial or vermilion colour. The discharge of blood was copious *sursum et deorsum*. At this time, the colic pains were pretty strong, which, with hemorrhage, were controlled by opium and acetate of lead in the first 24 hours. From this period the vomiting recurred occasionally, with irregular colicky pains, more especially about night, for several weeks. On one occasion the matter thrown up was observed by his wife to be puriform. (The hemorrhage and pus together led me to suspect organic disease

in connection with his former dyspeptic symptoms for six months.) During this time his pulse was perfectly regular, but weak at times; occasionally cold extremities; no decided fever throughout his disease, but thirst in the very last stage, about ten days before dissolution. Tongue a little coated with a white fur almost through the whole progress of the case. The urgent symptoms were combated after reaction from hæmatemesis by cupping—wet and dry—sinapisms, and other counter-irritants, and occasionally a few doses of blue mass. This treatment was pursued during January and February, 1843, when the vomiting ceased, but occasionally he would feel pain, especially from improper diet. From this time, although his actual suffering was much abated and he was able to take exercise on foot, and in his carriage generally, yet the carcinomatous hue or lemon tint, evident in January last, was present throughout the whole course of his disease, attended with great emaciation, such as we usually see in tabes mesenterica. His full and corpulent person was reduced to a mere skeleton comparatively. In the case of Mr. D. there was less fever than in any organic disease of the stomach that I ever witnessed. He died on the 26th of December, 1844, 19 months after the first appreciable symptoms of dyspepsia.

Autopsy, twenty-four hours after dissolution. The tumour felt distinctly in this case a short time before death, between the ensiform cartilage and umbilicus, and more on the right than the left of the median line, was not near so distinct as during life. Omentum considerably absorbed and diseased. Stomach.—The pyloric end in a scirrhous state for more than two inches around and above the pylorus, and in some places more than an inch thick; the whole inner surface ulcerated; adherent to all adjacent parts, such as the liver for an inch square, and colon: here was a perforation of the stomach and tranverse colon about half an inch in diameter; the edges of the perforation scirrhous. Mesenteric glands indurated generally: other abdominal viscera healthy. Chest.—Lungs healthy; pericarditis had existed here, (as in every case of organic disease of the stomach I ever witnessed;) surface of the heart covered with coagulable lymph.

On the removal of Foreign Bodies from the Meatus Auditorius Externus. By James Bryan, M. D.

The frequency with which accidents of this kind occur in the practice of every physician makes it a matter of considerable importance. The bent form of the passage, with the great sensibility of the part, particularly when irritated and inflamed by the

presence of a foreign body, present great difficulties in the way of its extraction.

A collection of the ordinary cerumen of the canal, producing not unfrequently considerable deafness, and accompanied with various noises in the ear, may generally be brought away by means of the ordinary ear-scoop or curette, followed by the judicious application of pure warm water. Water, according to the experiments of Haygarth, is the best solvent of the ear wax, and ought, consequently, in all these cases to be used in preference to the various oils and other substances sometimes recommended.

When ants, caterpillars, spiders or other insects creep into the meatus, the introduction of a little olive oil will be proper, which will have the effect either to destroy them, or by filling their spiracula, cause them to come out voluntarily.

When dead, if small, they may easily be washed out with an ear-syringe and water. "For this purpose, the point of the syringe ought to be pressed gently against the edge of the meatus, so that it may occupy as little of the diameter of the tube as possible, and when the injection arrives at the membrana tympani, the regurgitation will force the body upwards."* Should the insect, however, be too large for this, it may in most cases be taken out without much trouble by means of a pair of small forceps.

The greatest difficulty will always be found in the extraction of more solid bodies, such as beans, peas, cherry-pits, pieces of glass, lead, iron, and similar substances. The, evils which the protracted retention of such articles in the meatus entail, are inflammation of the lining membrane and neighbouring tissues—ulceration of the membrana tympani, destruction of the ossicula auris, and purulent discharges, involving the temporal bone itself, and even the membranes or substance of the brain.

The following case reported by Fabricius Hildanus, and quoted by Samuel Cooper, will illustrate some extraordinary symptoms resulting from this accident:

"After four surgeons, who had been successively consulted, had in vain exerted all their industry to extract a bit of glass from the left ear of a young girl, the patient found herself abandoned to the most excruciating pain, which soon extended to all the side of the head, and which, after a considerable time, was followed by a paralysis of the left side, a dry cough, suppression of the menses, epileptic convulsions, and, at length, an *atrophy of the left arm.*" She was cured by the extraction of the piece of glass, which had been in her ear eight years."

*Buchanan.

Cherry-pits, grains of corn, beans and other substances, which expand on being exposed to the fluids of the part, in addition to the irritation induced by their presence, become embedded in the tissues, and in this condition are very difficult to remove. I have found it impossible to succeed with the forceps or other instruments ordinarily used, and the operation recommended by some of the old aurists, of cutting down upon the meatus *behind* the auricle, makes the matter no better, and is consequently very properly entirely abandoned by the profession.

I have been enabled, by means of an instrument used by dentists for the purpose of cleansing the cavities of decayed teeth, to extract cherry-pits and grains of corn, which have baffled the skill of some of our most eminent surgeons. The instrument is about four inches long, and will be sufficiently explained by reference to the accompanying cut.

The patient sits upon a chair, and an assistant supports his head, turned to one side, throwing if possible a strong light upon the ear affected. The instrument is carefully introduced, and pushed forwards until it reaches the substance, when keeping the curved edge towards the axis of the meatus, it is rapidly passed beyond the body, between it and the wall of the passage. As soon as this is done, the surgeon will find that he has complete control over it, and by traction can easily dislodge it from its bed. A repetition of the operation is much easier, both to the surgeon and the patient, and will in most cases be sufficient to extract the foreign body.

The previous introduction of some bland oil, as recommended by Velpeau, for the purpose of allaying irritation and causing the foreign substance to glide over the surface with greater facility, may be of use—but I have not found it of much importance. After the operation, the introduction into the meatus of some weak lead water may be necessary, or even the establishment of counter-irritation behind the ear or on the nape of the neck.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

Saturday, January 4, 1845.

CLINIC OF PROFESSOR DUNGLISON.

Reported by Dr. Samuel G. White, of Georgia.

Professor Dunglison considered it unnecessary to introduce the patients who were the subjects of remark at the previous clinic, as, from their chronicity, long attendance would be required to observe any effect from the treatment prescribed.

The female, with enlargement of the cervical glands and inflammation of the scalp, had been sent out of the hospital to enjoy the benefit of fresh air, and has already returned much improved. She will continue the use of the ferri iodidum, which had been prescribed with the intention of invigorating the constitution, and increasing the plasticity of the blood. These cases may form the subject of some future report.

The professor then proceeded to investigate

DISORDERS OF THE BILIARY SECRETION,

the physiology of the liver having been under consideration during the week at the Jefferson Medical College.

Disorders of this secretion are not of unfrequent occurrence in certain seasons, whilst they are rare in others. During the whole of the clinical course of last year, the lecturer was unable to exhibit to the class a single case of hepatic affection,—primary or secondary. At one time, almost every gastric or intestinal affection was considered to be caused by some modification in the secretion of the liver, or to be—as it was termed—"bilious;" and even members of the profession have treated themselves for years for hepatic disease, and yet the liver on dissection has been found unaffected. The lecturer alluded to a striking instance of this kind in an eminent London hospital physician.

Hepatic affections are not, however, so frequent at present as they were some years since, which is to be chiefly ascribed to the temperance reformation. Their most common cause is unquestionably the free use of ardent spirits, the modus operandi being sufficiently obvious. Whenever fluids of a certain tenuity are taken into the stomach, they readily pass by

endosmose into the portal vessels, and are thence conveyed to the liver. Should large quantities of alcoholic drink be thus received and circulated through the liver, it can easily be comprehended, that the excessive stimulation thus induced may modify the nutrition of that viscus, and, as a consequence, organic disease or functional derangement may supervene. Hence we can comprehend why inebriates should be most liable to this class of diseases.

The term "bilious," as ordinarily used, denotes a great variety of affections, often of the most opposite character, and it is frequently very difficult to determine the pathology of the affection which it is intended to designate. In some portions of the country, practitioners are in the habit of applying it to states of the system wholly different—for example, to states in which there may be an augmentation, a diminution or a vitiation of the biliary secretion.

The lecturer considers organic primary disease of the liver to be by no means of frequent occurrence,—the so-called bilious diseases being, in truth, nothing more than functional derangements, consequent on irritation seated in the alimentary canal. Irritation, or inflammation of the gastro-enteric mucous membrane, is propagated along its extension, constituting the lining of the ductus communis choledochus, to the liver, producing, as in other cases—if the inflammation be violent—first, an arrestation, and, afterwards, an augmentation of the secretion of bile, which in the latter case is generally morbid; and the individual is in both cases said to be "bilious."

Structural disease of the liver was never perhaps so common as was formerly supposed, whilst functional aberrations, the consequence of irritation of the gastro-intestinal mucous membrane, are not unfrequent.

The professor here introduced two patients labouring under

JAUNDICE,

neither—in all probability—the result of serious organic disease, but of functional disturbance of the liver.

The term jaundice—from the French *jaunisse*—is employed to denote an affection, characterized by yellowness of the surface and conjunctiva. From the colour alone it may generally be diagnosticated; but in hospitals, and more especially in military hospitals, caution is at times requisite in pronouncing on the nature of the affection. They, who are desirous of evading duty—well known as "malingerers"—may feign jaundice by tinging the surface with turmeric or some other yellow colouring matter, and thus deceive the inexperienced. The fraud may,

however, be always detected by examining the conjunctiva, which cannot be tinged by any artificial means, whereas, in true jaundice it is always more or less yellow. Whenever, therefore, this tunic retains its natural hue, a suspicion of the true nature of the case may be indulged.

Considerable discrepancy has existed among writers as to the cause of the yellowness of the surface in jaundice. The professor thinks it is in every case attributable to the presence of bile in the blood. Some, however, who believe that no foreign material can be absorbed into the blood unchanged, without injurious consequences to the economy, ascribe it to a disease of the red corpuscles of the blood; but that the serum alone is tinged, and that the hue is owing to the presence of bile, seems proved by the greenish colour which jaundiced serum assumes on the addition of nitric acid. Moreover, when the red corpuscles are examined by the microscope, they appear to be unchanged.

The consideration of the phenomena of jaundice would seem to confirm this view of its pathology. All the tissues are tinged yellow, which is easily explicable, if we suppose the bile to be circulating through them. The secretions are also altered in colour, and especially the urine, which, on the addition of nitric acid, passes through a variety of shades, from mahogany to green, blue, and almost black. This fact, and the tinge communicated to the linen, seem to show, that the colouring matter of the bile is contained in the urine. On the subsidence of the jaundice, it assumes its natural colour. Moreover, the globules, if diseased, could not produce the colour, as they are not contained in the renal secretion. Again, in many cases of jaundice, some obstruction is found to exist, which prevents the ready passage of the bile into the intestines, as indicated by the white or clay-coloured stools. Should there be such obstruction, it is not difficult to understand, that the bile might pass by exosmose through the coats of the ducts, and by endosmose enter the blood vessels, and give rise to jaundice.

Not only, however, may the bile, after being secreted, be reabsorbed by the blood vessels:—from a diseased condition of the liver, which prevents its secretion, the elements may come together at the point at which they should have been separated; and, instead of being eliminated, may remain in the fluid of the circulation, as, under certain conditions, urea or kiesteine collects in the blood; and in such case jaundice may result.

The symptoms are usually well marked. At first there is loss of appetite, with pain in the hypochondrium or epigastrium—or both—uneasiness in the head—lassitude, and more or less depression of spirits. These symptoms continue for a longer or shorter period, when the eyes and skin are observed to be yellow.

The urine is yellow, or of a mahogany colour, tinging the linen with which it may come in contact. The bowels are generally constipated from a want of the usual secretions, and the fæces are whitish or clay-coloured. Pressure will frequently cause pain of the epigastrium, and if the liver be inflamed or diseased, there will be pain in the right hypochondrium—augmented on pressure. There is not unfrequently, also, delirium or disturbance of the cerebral functions, and even coma, the consequence of the circulation of bile through the encephalic neurine.

Coma is a most unfavourable symptom, and is regarded by Dr. Stokes as prognostic of a fatal termination. He states, indeed, that he never knew a case where it was well marked which recovered. The experience of the lecturer is not exactly in accordance with that of Dr. Stokes. Although he considers coma a very grave symptom, it is not necessarily fatal. Much difficulty exists in explaining the immediate cause of this coma, as nothing satisfactory is found on a post-mortem examination.

The causes of jaundice are numerous. Among the most frequent may be mentioned inflammation, or irritation of the gastro-enteric mucous membrane, which is extended by continuous sympathy to the liver. Obstructions of any kind to the passage of the bile along the ducts to the intestine, must also be a common cause; it is easy to understand, that if a gall-stone should form in the gall-bladder, and subsequently pass into the duct and obstruct it, absorption of the bile might ensue, and give rise to the disease. The same would be the effect of biliary concretions forming in the hepatic ducts, or in the ductus communis choledochus.

The lecturer thought it advisable here to direct the attention of the class to the painful affection caused by the PASSAGE of a GALL-STONE—the suffering from which is excruciating, and can be likened to nothing but that produced by the progress of a calculus along the ureter.

The diagnosis of this affection is readily made. The patient is usually found writhing in agony on the floor, with his pulse unexcited, and with violent pain in the epigastrium or right hypochondrium, which is augmented in paroxysms. This has been called by Dr. Mason Good, *chololithus means*, in contradistinction to *chololithus quiescens*, in which the calculus is stationary in the gall bladder, and gives no pain.

After the symptoms indicating "hepatic colic" have continued for a longer or shorter time, they may cease, and after a varying period recur. The cause of this cessation appears at times to be owing to the entrance of the concretion into the ductus communis choledochus; and the renewal of the pain to its passage through the

extremity of that duct, which is smaller than the other portions. Having cleared the duct, it enters the duodenum; the patient is now free from any further pain, unless there be other concretions passing. If the alvine evacuations be examined, the gall-stone may be detected; yet we may fail in so doing, although the symptoms may have been unequivocal.

Sometimes great numbers collect in the gall-bladder, more than a thousand having been found in one case on dissection. The lecturer referred to the case of a medical gentleman, who informed him, that his gall-bladder was prominent below the ribs, owing to its containing calculi, which he could cause to rattle by pressing over the region. The gall bladder, when thus distended, has been mistaken for an abscess, and been punctured. The presence of gall-stones does not necessarily give rise to jaundice, although the latter is often an accompaniment of the former.

One of the patients before the class has not been very intemperate. The jaundice is of nine month's continuance in him, but it is now yielding. In the commencement of the attack there were symptoms of gastro-enteric irritation. He never experienced much, if any, inconvenience from lying on the left side; and although the liver appears to be somewhat enlarged, it is not probably seriously diseased. In many cases of jaundice, the general health is so little affected, that the patient is enabled to pursue his ordinary vocations without much inconvenience.

The lecturer here exhibited a portion of urine from each patient, and showed the tinge communicated to linen immersed in it, which was yellow in both cases, but more markedly so in one than in the other. When nitric acid was added, the green hue before alluded to was produced, showing the presence of the bile. *It* was also less marked in one than in the other case, which at one time was quite severe, but is now convalescent. The green colour thus produced may gradually pass to blue, and then to red, but sometimes it becomes red immediately, without passing through the blue stage.

In some cases of jaundice, the peculiar phenomenon of yellow vision is present. It is rare, however, and Frank states it to occur in only five cases in a thousand. In the instances before the class it was absent; and the lecturer remarked that he never had seen a case of it. The cause of yellow vision has occasioned considerable dispute. We can conceive, that should the humors of the eye become tinged, it might occur,—but it may be a nervous affection, as it is sometimes seen in adynamic fever.

The treatment of gall stone will depend on the period of the disease. During its passage, antispasmodics, so called, are manifestly indicated,—not articles, usually classed as such, but those

agencies that relax the system, as blood letting, the warm bath, &c. To allay spasm and pain, opium should be given in full doses, and repeated until the desired effect is produced. It is astonishing how much opium may be administered in these and other spasmodic affections, without inducing narcosis.

Conjoined with these means, others may be adopted that will favor the progression of the gall stones, as emetics, cathartics, &c. By the efforts of vomiting, the peristaltic action of the intestine is inverted, and a degree of traction is exerted on the biliary passages that may favor the transit of the stone. Cathartics, also, by accelerating the peristole, will have a similar effect, though to a less extent.

Should great tenderness exist over the epigastrium, venesection may be advantageously resorted to, which, as before stated, may also exert a relaxing influence on the spasm.

Should the patient be debilitated, or of broken down constitution we ought to pause before resorting to emetics, as there may be risk of rupturing the ducts.

In such cases it is safer to have recourse to purgation; but this also must not be carried too far. If there exist no contraindication, a mercurial cathartic, which acts upon the upper portion of the intestinal canal, may be given, followed by a saline cathartic.

When the liver is seriously diseased, articles that stimulate it to augmented secretion should not be given too freely, for manifest reasons.

Where jaundice is not complicated or connected with the passage of biliary calculi, the treatment will of course be somewhat different from that just detailed.

The majority of cases of simple jaundice, demand no treatment, and will gradually pass away of themselves. It is the usual practice, however, to give mercurials, to excite the liver, if it be torpid; purgatives to obviate constipation, and under the views mentioned above, tonics to support the energies of the constitution. This plan was pursued in one of the patients before the class,—who came in with much disturbance of the cerebral functions; great irregularity and turmoil in the action of the heart; debility, and other unfavorable symptoms;—and under it he has much improved.

In all cases, the presence of bile in the blood is a mere epiphænomenon, and therefore demands no special attention. The treatment should generally be temporizing. The cause should, of course, be always inquired into, and if possible removed. The simple fact, however, of a person having jaundice, is not a sufficient indication that mercurials, or any other special

remedies, are required. If disease of the liver exist, it may not be improper or injudicious to prescribe small doses of calomel or blue pill to produce a new action, but it should only be carried so far as to affect the mouth slightly. In the greater number of instances, there is no manifest pathological condition to be treated, aud if nothing be given, the jaundice will usually disappear in course of time.

If this be the condition in most cases of jaundice, how absurd the remedies that have been employed, and not long since, to remove obstructions which were fancied to exist in the ducts in every case ; when ether and turpentine were given in the form of the Remède de Durande, still recommended by some, with the intention of dissolving gall-stones? The cases often recovered, but the result was in no wise effected by the remedy, but by the recuperative powers. How could it be expected that thirty drops of turpentine and ether should have any action on a stone in the hepatic duct? How could they pass in a state of concentration through the stomach and duodenum into the duct; come in contact with the obstruction and dissolve it? These agents are now rarely used by any one; and it need scarcely be added, that nothing can be given as a solvent for concretions in the gall-ducts.

The lecturer stated, that there was never ground for uneasiness in cases of jaundice, unless when dependent on serious organic disease of the liver, which is usually accompanied by dropsy, or when produced by obstructions of the biliary ducts in those of broken down constitutions.

The lecture was concluded by a few observations on the

JAUNDICE OF THE INFANT,

commonly known as the "yellow gum"—the term "gum" probably being a corruption of "gown," the infant seeming to be covered with the yellowness as with a "gown." It is not an uncommon occurrence in children soon after birth, and after continuing for a short time, it usually disappears of itself.

The child is generally drowsy and languid during its continuance, but the affection is rarely serious. It is very common in hot climates and in the warmer portions of this country.

The lecturer never saw a case which was of any importance. It seems to be dependent upon obstruction to the flow of bile, by a collection of viscid meconium or mucus, where the ductus communis choledochus opens into the duodenum.

The only treatment demanded is the administration of a gentle cathartic, as castor oil, or rhubarb and magnesia, to clear away the matters collected in the intestines.

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Elementary and Practical Treatise on Internal Pathology. By A. Grisolle, &c. &c.

Dictionnaire de Médecine ou Repertoire Général des Sciences Médicales considérées sous les Rapports Théoretique et Pratique. Par Adelon, Béclard, &c. &c. 2ème Edit. Tome XXIXème. Suc—Typ. 8vo. pp. 884. Paris, 1844.

Dictionary of Medicine, or General Repertory of the Medical Sciences, considered theoretically and practically. By MM. Adelon, Béclard, &c.

The first two works, the titles of which are given above, are on kindred departments of medicine. The last, of which we have before spoken most favorably, is intended, and expected, when complete, to embrace the whole circle of the medical sciences.

The treatise of MM. Hardy and Behier is the production of young men, hitherto not much known in the profession; but not necessarily, on that account, the less estimable. In their preface they modestly apologize for a defect—if it be one, which we hope will annually diminish with them—their want of distinction.

It is their first work; and it is "dedicated to the memory" of M. Biett; "as a feeble testimony of profound gratitude and poignant regrets." p. xv.

The work needs no apology. It is carefully written, and contains a more complete account of the received opinions on general

pathology amongst the countrymen of the authors than any work with which we are acquainted; and if translated, with additions, by a competent person, of the views of observers, who speak the Teutonic language in all its varieties—and in it we include the English—it would be a valuable accompaniment to the student here; and might be consulted with much advantage by the practitioner.

After some clear and concise views on disease, it investigates, in detail, etiology; symptoms and signs; progress of diseases; termination of diseases; seat of diseases; pathogeny; nature of diseases; *delimitation* or pathological individuality of diseases; diagnosis; prognosis; semeiological examination of the morbid signs furnished by different apparatuses,—and lastly, treatment of diseases or general therapeutics.

This is but the first volume of the work; and we fervently hope, that the authors have received sufficient encouragement to persevere in their course. At the same time, the competition in works on internal pathology in France is now considerable; and many will, doubtless, think those of Valleix and Grisolle preferable to the one we are noticing.

The treatise of M. Grisolle consists of two very large octavo volumes, and embraces the whole domain of internal pathology. The name and previous productions of the author are well known among us. We wish we could say, that he was as well acquainted with what emanates from English and American writers. He seems, indeed, to know little, or—if he knows more—to care little about any thing that does not reach him in a French dress; in this respect resembling too many among us. We have often been impressed with the *cosmopolitan* knowledge possessed by our best informed writers, compared with those in France, even now, when the intercourse between that country and the numerous people who speak the English language has become so intimate and constant. Any one who will compare works that issue from the American press with those of France, or even of England, must be struck with their signal difference in this respect. It need scarcely be said, that in a science of observation and reflection like medicine we are bound neither to discard nor to slight the testimony of respectable observers anywhere.

M. Grisolle dedicates his work to M. Chomel; his "very dear master;" who gave him, he affirms, the idea of it; and in the preface he thus "defines his position:" "A stranger to every species of sect; independent by disposition as by position, I have neither had to defend nor attack, against my conscience, any man or any doctrine: every where and always I have sought truth with the impartiality of the historian, and have proclaimed it whencesoever it may have come. If, notwithstanding, I have omitted to cite some important works, I beg my *confrères* to ascribe this to mere forgetfulness, and in no manner to regard it as an act of ill feeling, or of a desire to do wrong." p. viii.

The classification adopted by him, for which he apologizes, and not, we think, without cause, is the following: 1, fevers; 2, diseases consisting in a *vice* of proportion in the blood; 3, inflammations; 4, morbid secretions; 5, poisonings; 6, lesions of nutrition; 7, organic transformations and accidental morbid products; 8, neuroses; and 9, diseases special to certain organs. The last class signally exhibits the imperfection of the classification. For example, amongst the "diseases special to the digestive organs," we have—the first dentition and the accidents that complicate it—indigestion—*embarras gastrique; embarras intestinal*—constipation—intestinal invagination or volvulus, and diabetes. [?] Amongst the special diseases of the liver, but one—jaundice! Of the special diseases of the heart, but two—insufficiency of the valves of the heart, and sanguineous concretions in that organ! Matters of classification, however, we have never thought of essential importance. Still, if an individual leaves those arrangements that are commonly received and adopts another, we have a right to expect some apparent, if not real, improvement. Such is not the case here.

M. Grisolle has touched on almost all the maladies that belong to internal pathology: in this respect he is full; but when we examine the individual articles, we cannot accord them the same compliment. The size of the work would of course preclude great detail; but the articles are not equal. Some, on which he had already written at length, have naturally, perhaps, more space allotted to them than others.

As we remarked of the work of MM. Hardy and Béhier, so we may say, in the main, of that of M. Grisolle. It conveys, in

epitome, the received opinions of the author's countrymen; but in this instance, chiefly on special pathology and therapeutics. His "first class of diseases" comprises fevers; and it is interesting for us to inquire into the opinions of a pupil of Chomel; and a "titular member of the Medical Society of Observation," on this—to us, and to every one—interesting class of diseases.

His first genus of fevers is continued fever, in which he includes ephemeral fever, inflammatory fever, typhoid fever, typhus fever of England, bilious fever of hot climates, yellow fever, and plague; thus classing together, amongst others, the continued and remittent fevers. But we shall permit the author himself to speak on this matter.

"The consideration of the type of fevers serves to establish a very natural and important division, found even in the Hippocratic books. Thus, if the febrile movement continues without interruption, the fever is said to be *continued;* if it ceases, to recur at regular intervals, it is then *intermittent;* if when of the continued form, it presents periodical exacerbations, it is called *remittent.* In all times, physicians have distinguished several species of continued fever, and have especially founded their divisions on the predominant characters, or on the idea, which they formed on the causes and nature of fever. Hence have originated the divisions of continued fever into adynamic and ataxic, inflammatory, bilious, mucous, putrid, malignant, &c. These arbitrary divisions, with which Pinel especially, overloaded pyretology, have given a retrograde impulse to science, and arrested the tendency, which existed since Chirac, to the fusion of continued fevers. Pinel exerted such an empire over his contemporaries, that MM. Petit and Serres having in 1813 described the intestinal lesions that are characteristic of typhoid fever, believed that they had discovered a new disease, essentially distinct from the adynamic and ataxic fevers of Pinel, to which they assigned a separate existence. Broussais, who came a few years afterwards,—impelled by an instinctive feeling, rather than by conviction, the result of exact observation,—endeavoured to effect the fusion of continued fevers, and placed them in the digestive tube, as the term *gastro-entérite,* which he gave them, demonstrates. But this term was itself erroneous, for it supposed a gastritis, which rarely exists. Moreover, under this denomination Broussais confounded several different diseases, without, however, seizing hold of the distinctive characters of typhoid fever. Such was the state of the science, when in 1829 appeared the researches of M. Louis, who forthwith established

the fusion of all the grave continued fevers of this climate into one only—typhoid fever. The demonstration of this grand truth is unquestionably one of the most beautiful conquests of contemporary medicine: it has effected a total revolution in the old pyretology, since it has demonstrated, that grave continued fevers, so different in appearance, considered by every one as distinct maladies were at the bottom, and in their nature identical; constituting but one affection, which might appear, according to circumstances under varied forms. (Chomel and Genest.) Typhoid fever, however, comprises only the grave forms of pyrexia, formerly admitted, and to complete the knowledge of the continued fevers of this climate, other species must still be admitted—and these are *ephemeral* and *inflammatory* fevers. But in some other regions of the globe, typhoid fever does not comprise every grave form of fever observed there; thus, the *typhus fever of Ireland*, *yellow fever*, the *bilious fever* of hot climates, and the *plague* of the east, are special continued fevers, distinct from the typhoid affection." p. 8.

This division will of course not satisfy those who believe, that all fevers are either typhoid or typhus, and who affirm, that if there be such a fever as the inflammatory, they have never seen it. In our last number we showed, that Louis, Chomel and De Claubry unhesitatingly admit the *identity* of typhus and typhoid in France; and now we have M. Grisolle boldly affirming that the typhus or *Peste d'Europe*, the synonymes of which are—to use his own language—"*Fièvre pestilentielle, typhus contagieux, fièvre de Hongrie, des hôpitaux, des camps, des prisons, fièvre pétéchiale lenticulaire*, &c., are one and the same affection—typhoid fever, whilst "the continued fever of England or typhus fever," he thinks—founding his views on the observations of one or two gentlemen, not English physicians, whom he cites—is a distinct malady. It consequently appears, that many of the pathologists of France, who have been so much occupied with the diagnosis, &c. of typhoid fever, and have thrown so much light on the subject, believe it no longer to be distinct from the typhus of France and of Europe. *Now* they have no typhus in continental Europe; all is typhoid. Typhus, distinct from typhoid, is confined, according to them, to England, and is sometimes seen here. This view is not, however, embraced by all. In the article Typhus of the *Dictionnaire de Médecine*, just received, and now before us, M. Dalmas main-

tains the distinct character of the typhus and the typhoid fevers of the European continent

"At the present day," he observes, "it is agreed to take this word [typhus] in a much more restricted sense; and in this place, with Hildenbrand, Pinel and J. Frank, we shall understand by typhus but one disease, that which, amongst other names, has received those of *camp fever*, *hospital fever*, and *jail fever*. It is to this affection—in our view, one and very distinct—that we give the name typhus, and we refuse it to every other. We separate, consequently, typhus from plague, cholera, and yellow fever, which, in our opinion at least, differ from it in an infinity of respects. We separate it also from typhoid fever, or from *dothienentérie*, properly so called; not that we are unaware of the analogies that exist between them, but precisely because these analogies seem to us to be sufficiently indicated by the happy expression—*typhoid fever*, and because it does not appear to us necessary to push the approximation further."

The typhoid and typhus fevers of France are thus considered by M. Dalmas to be only *analogous;* whilst by MM. Louis, De Claubry, Chomel and Grisolle, they are esteemed *identical.*

The typhus fever of the English, M. Dalmas believes, resembles greatly the typhus of armies, which, as we have shown, M. Grisolle considers to be the same as typhoid fever. "It resembles it," says M. Dalmas, "by its causes, symptoms, and the alterations revealed by cadaveric examinations. The differences, for there are some, and we do not pretend to deny it, are only, in our opinion, secondary, and are owing to the mode of action of the causes. This mode of action is much more slow in the bosom of the population of which we speak than in camps. Armies are exposed to vicissitudes and to influences incomparably more rough (*brusques*); but at the bottom, the effects are of the same nature, and do not constitute morbid conditions essentially different." p. 841.

In support of his view, that the typhus of the English ought not to be confounded with the typhoid fever of the French, he cites testimony on which, he says, he reposes every confidence, that of Professor Alison, of Edinburgh, and of Dr. Gerhard, of this city, "who, after having observed the typhoid fever at Paris, studied the typhus fever of the English." We know not where M. Dalmas obtained his knowledge of the opinions of Professor Alison. We have always regarded him as maintaining the

view adopted by ourselves, that the common continued fever of England is an adynamic pyrexia,—at times accompanied by the intestinal lesion; at others not. In his "*Outlines of Pathology*," (Amer. edit., p. 239, Philada., 1844,) Professor Alison thus expresses himself:

"But the most common abdominal affection in fever in this climate is that in which the intestines are chiefly concerned, which comes on at different times, but chiefly, and with most danger, in the later stages; and this is marked sometimes by severe pain and tenderness, but in general, chiefly by diarrhœa, seldom violent, but often obstinate: it is attended with occasional griping, (often aggravated by ingesta,) sometimes with scanty mucous and bloody stools and tenesmus, as in dysentery, but more frequently without such symptoms. It is often accompanied with gradually increasing tympanitic distention, and often occasions long protraction of the typhoid febrile symptoms, in the course of which great emaciation, extreme debility, and often a peculiar dryness of the skin are observed; and in a few cases it is followed either by sudden exhausting hæmorrhage, or by a sudden attack of acute pain and tenderness of abdomen, with vomiting and rapid sinking.

"It is well ascertained that such abdominal symptoms in fever depend very generally on inflammation of the mucous membrane, and especially of the mucous glands of the intestines; but this inflammation tends rapidly to ulceration; and that the attacks of sudden hæmorrhage, or of acute pain and tenderness in the advanced stages of such cases, usually depend on erosion of blood vessels or perforation of the whole coats, and escape of the contents of the intestines into the cavity of the abdomen, in the course of that ulceration; but that inflammation commencing in, or confined to, the peritoneum, is equally rare in fever, as that of the serous membranes within the chest."—

And in treating of the morbid appearances observed in continued fever in the glands of Peyer and Brunner, he says:—"Such unequivocal disease of the mucous membrane of the alimentary canal is found, either alone, or in combination with the other diseased appearances above mentioned, in a majority of the fatal cases of continued fever, which occur in Paris, and *in a large proportion of those that occur in London*; but in a much

smaller proportion of fatal cases in Scotland. They are decidedly more frequent, at least in this country, after the fevers of children and young persons than in advanced life, and in fevers that are fatal at an advanced period than those that are rapidly fatal."

On the subject of the identity or unity of the continued fevers of Great Britain, Professor Alison speaks in the most unequivocal language. After describing the different phases which continued fever may assume, he concludes:—

"But although we consider it of real importance to mark these distinctions, both in the essential symptoms of fever itself, and also in the concomitant local affections which distinguish individual cases, and sometimes epidemics, from each other, yet, it appears equally certain, from consideration of the nature of these distinctions, of the manner in which the varieties, thus marked, graduate into one another, or are blended together in the same cases, and by the many varieties, which present themselves in the same epidemic, and in immediate connexion with each other, *that all the continued fevers of this climate must be regarded as fundamentally the same disease.*"

Surely these views cannot be regarded by M. Dalmas as confirmatory of his own!

It is evident to us, that this whole subject is becoming more and more illuminated; and that many of the researches of late years have rather tended to involve it in obscurity.

We have been led into these remarks in consequence of those in which we indulged in the last number, and of the strong ground assumed by M. Grisolle on the subject.

It would be impossible to give any adequate idea of the manner in which M. Grisolle treats of the various diseases investigated in his extensive *tomes*. The course commonly pursued by him is to take up in succession the consideration of anatomical characters, symptoms, diagnosis, prognosis, etiology, and treatment.

Under the head of Delirium Tremens we observe the following remarks:—

"Esquirol, Georget, and recently M. Calmeil have advised nothing more than a mild, almost expectant treatment in delirium tremens. In simple cases, M. Calmeil only prescribes sweet

drinks and tepid bathing. If the tongue be coated, he gives an emetic; if there be constipation, he purges; and if signs of inflammation or congestion towards the brain appear, he combats them by bleeding, which is rarely necessary in the disease. This skilful physician does not prescribe opium, imitating in this the practice of M. Esquirol, whose patients were commonly cured in three days by simple expectation." p. 62.

It is obvious, that on this disease also, M. Grisolle is profoundly ignorant of views promulgated, and acted upon with success, elsewhere. We cite the observation, however, to show that individuals of extensive experience have found—what we have long maintained—that neither the opium nor the alcoholic treatment can be often necessary; and that there is perhaps no case in which we are wholly justified in administering either to the extent that is sometimes done. The numerical method has, we think, sufficiently settled, that neither of these is *the most* advisable system of medication.

Of the *Dictionnaire de Médecine*, we need but reiterate the favourable opinion we expressed in a former number of the "Examiner." It has already exceeded its proposed limits—twenty-five volumes; but will probably be concluded in one or two volumes more. It is a most valuable addition to a medical library.

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1. *Sixth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum to the Forty-third General Assembly*, December 9, 1844. pp. 67.
2. *Reports of the Trustees, Steward, Treasurer and Superintendent of the Insane Hospital*, 1844. Augusta, (Me.,) 1845.
3. *Report of the Pennsylvania Hospital for the Insane for the year* 1844. By Thomas S. Kirkbride, M. D., Physician to the Institution.

1. The Superintendent of the Ohio Asylum commences his report with a tabular view, exhibiting the prominent points in the history of the patients who have been in the Institution during the year. The most interesting part of this table is in reference to

the causes of the disease. Of the 214 cases which are given, 78 are attributed to moral, and 85 to physical causes; 20 to constitutional, and to unknown 31. Of the physical causes, 46 are composed of "ill health" and "puerperal;" but it is probable that in many of these cases, the derangement of the health and the puerperal state only predisposed to the disease by increasing the irritability of the nervous system, the real exciting cause being some trouble or affliction which, in a healthy state of the body, would not have seriously affected the mind.

In the report is contained a retrospect of the results of 541 cases that have been received since the opening of the Institution.

Of these, 254 were recent, and 287 chronic cases; 213 of the former and 182 of the latter have been discharged; of the recent, 188 were restored; of the chronic, 55. Died, of the whole number, 58.

The results of treatment during the past year are shown by the following statement:

Whole number under care during the year, - -	216
Average number during the year, - - - -	149
Number admitted the present year, - - -	68
Discharged, - - - - - - - -	70

Of the number discharged, 38 were recent, and 32 chronic; of the former, 34 were restored, 3 were incurable and 1 died; of the latter, 6 were restored, 20 incurable, and 6 died.

"The months of December, January and February," Dr. Awl says, "were particularly severe upon our epileptic patients. Their convulsive paroxysms were increased in number and severity, followed by an extraordinary sinking and prostration of the vital powers, occasioning death in three instances, and an unusual amount of suffering and weakness in all who survived. We observed something of the same kind of suffering with this class of patients two years since, when, as upon the last occasion, it appeared to assume the form of a special endemic amongst the epileptics. All others continued to enjoy their ordinary health. With the last appearance of this peculiar endemic, the weather was unusually mild and open for the season, and the country extensively inundated from continued rains; the thermometer being greatly elevated, and the barometer depressed for a long period of time."

In regard to the curability of insanity the Dr. observes "that one important fact has been steadily confirmed, not only here, but in the experience of every other institution for the insane, that the ratio of success is largely in favour of recent cases, or those in which the disease has been of less duration than one year before the admission of the patient."

The present report sustains the author's reputation for zeal and industry in the cause in which he has embarked.

2. The report of Dr. Ray, consisting of forty pages, after a short exhibit of the number of patients under care, and the results of their treatment during the year, is principally devoted to a communication of his views in relation to the treatment of insanity. As some of the points discussed are important, and the author's remarks thereupon appear extremely judicious, we will endeavour to give such an outline of them as is consistent with the limits of this notice.

From the equal success that has followed the use of medical means entirely different, he concludes that they, strictly speaking, have less to do than some others with the restoration of the insane; that is, that medicine is less effectual in removing the disease, than that combination of influences which constitute what is called moral treatment; and such he believes is the conclusion to which opinions at the present day are gradually, but surely tending. But, it may be asked, if insanity depends upon a disease of the brain, which is now universally admitted, why should it not be equally under the control of medicine as other bodily diseases. To answer this question he does not consider it necessary to establish any difference between this and other affections. The means upon which the intelligent physician relies in chronic disorders, particularly those of a nervous character, are proper diet and exercise, change of air and scene, and useful and agreeable occupation of the mind. In the treatment of insanity, therefore, it is no departure from the ordinary principles of therapeutics to prefer the means which act directly upon the mind, to those which are applied to the corporeal system.

He would not, however, wish to have it imagined that he places no confidence in any kind of medical treatment. On the contrary, he thinks much may be done by means of medicine to prepare the system for the action of more efficient influences.

Considering insanity to be an affection of the brain, with the nature of which we are but imperfectly acquainted, he has thought "that in the present state of our knowledge, the physician's duty consisted in remedying those bodily disorders with which it is generally accompanied. But when these disorders are removed, when the digestive organs have resumed their healthy condition, when the pulse becomes natural, or nearly so, and no unusual degree of heat or dryness remains in the skin, when the excessive nervous excitement has disappeared, and the patient becomes tolerably calm and self-possessed, while reason is still very far from having resumed her lost dominion, then are we obliged to rely almost solely on moral means."

The entire disuse of mechanical restraints, as practised in some foreign institutions, our author does not consider an improvement in the treatment of the insane. That a hospital for such persons can be conducted without them, nobody doubts; but before it can be admitted that the interests of the insane require their total abandonment, it must be proved, either that their use is actually prejudicial, or that their intended object can be better obtained in some other way. His own opinion in relation to them he gives as follows:

"In most cases where they are now used in American hospitals, I have no hesitation in saying that they are far preferable to the vigilance or force of attendants. The object is gained more surely, more effectually, and with far less annoyance to the patient. A mechanical contrivance performs its office steadily, uniformly and thoroughly, and is submitted to as something inevitable. The will and strength of an attendant are capricious and variable in their operation. The strong effort is occasionally relaxed, and the idea of eluding his vigilance or overpowering his strength, is constantly present to the patient's mind. The former is mere inert matter, and excites no feeling, while an attendant constantly present, watching and restricting every movement, is viewed as the author or abettor of his sufferings; his spirit is chafed, and a constant state of irritation is produced."

Notwithstanding his dissent from the opinions of those who have gone to the length of doing away entirely with the use of such restraints, he is willing to admit "that the experiment thus far has strengthened the important truth, that kind words and interesting employment will be found—much oftener than we

have been in the habit of believing—a successful substitute for their use."

The number of patients in the Hospital Nov. 30, 1843, was 68
Received since, - - - - - - - - 83
Discharged during the year, - - - - - 75
Remaining in the Hospital Nov. 30, 1844, - - 76

Of the 75 patients discharged, 46 were considered curable* at the time of admission, and 29 incurable. Of the former, 32 recovered, 11 were improved, 1 not improved, and 2 died; of the latter, 7 were improved, 21 not improved, and 1 died.

3. In the Pennsylvania Hospital at the date of the last report, there were 132 patients, since which 153 have been admitted, and 134 have been discharged or died, leaving 151 under care at the close of the year.

Of those discharged during the year 1844, there were

Cured, - - - - - -	75
Much improved, - - - -	22
Improved, - - - - - -	16
Stationary, - - - - -	9
Died, - - - - - -	12—134

The report before us contains the statistics of 592 cases of Insanity, the number which have been under care since the opening of the Institution. We select, as most worthy of notice, a table showing the supposed causes of the disease, as far as they could be ascertained, in all the cases that have been admitted into the Hospital. The following synopsis of this table will show the relative frequency of the moral and physical causes which have produced the disease in 362 cases.

Physical Causes.		*Moral Causes.*	
Ill health of various kinds,	82	Loss of property, -	40
Intemperance, - -	35	Grief, loss of friends, &c.,	30
Puerperal state, -	22	Religious excitement,	28
Other physical causes,	30	Other moral causes, such as disappointed affections, domestic difficulties, mental anxiety, &c , -	104
Total,	160	Total,	202

*The term curable embraces all those patients, in regard to whom there seemed, when they entered the Hospital, to be the slightest hope of recovery.

In regard to the use of restraining apparatus, Dr. Kirkbride says:

"After a careful review of the 592 cases which have been under care since the opening of this Hospital, I have no hesitation in saying that all might have been treated without the use of any mechanical means of restraint, had we started with such a determination, or felt any pride in making such a declaration. I feel equally confident, however, that in the few cases in which the mild means already referred to have been employed, the effect in some has been to prolong, if not to preserve life—in others, to diminish serious danger, and to shorten extreme violence, and in scarce a single one to have been productive of the slightest injury of any kind."

J. H. W.

A Practical Treatise on the Diseases peculiar to Women, illustrated with Cases, derived from Hospital and Private Practice. By Samuel Ashwell, M. D. Member of the Royal College of Physicians, London, and Obstetric Physician and Lecturer to Guy's Hospital. *First American from the last London edition. With notes*, by Paul B. Goddard, M. D., M. A. P. S., M. A. N. S., Lecturer on Anatomy, Philadelphia, &c., 8vo. pp. 520. Philadelphia, Lea & Blanchard, 1845.

A Treatise on the Diseases and Special Hygiéne of Females. By Colombat De L'Isére. Translated from the French, with Additions. By Charles D. Meigs, M. D., Professor of Midwifery and the Diseases of Women and Children in Jefferson Medical College, Philadelphia, &c., &c.; 8vo., pp. 719, with wood cut illustrations. Philadelphia, Lea & Blanchard, 1845.

"The American Publishers inherit, in an eminent degree, the peculiarities of their nation. They are an enterprising, 'go-ahead' generation. No sooner is a work of merit, or one from an author of reputation, ushered into the world, than forthwith, by the instrumentality of indifferent types, and worse paper, it is disseminated throughout the length and breadth of the New World. The most common and popular plan of proceeding, is

to append notes by some writer whose name is familiar to American ears, 'so as to bring the work to a level with the state of knowledge in the United States.'"—*London and Edinburgh Monthly Journal, Feb.* 1845.

The simultaneous publication of the above works, on the same subjects and by the same house,—close, too, on the heels of the Cyclopædia of Practical Medicine, Cooper's large works, and numerous other valuable publications, several of which belong to the same department of practical medicine,—presents a strong confirmation of the foregoing remarks of the transatlantic critic. That "no sooner is a work of merit, or one from an author of reputation, ushered into the world, than forthwith" "it is disseminated throughout the length and breadth of the New World," is a compliment to the reading habits of American physicians, greater than we are accustomed to hear from that quarter, and one which we should be glad to reciprocate. As to the "indifferent types and worse paper," we must confess that we are yet somewhat at fault, but are rapidly mending even in that respect—indeed, some of the American reprints of British works, have actually exceeded the originals in these very particulars. The publications now before us, if neither costly nor splendid, are, at least, respectable in all that relates to their mechanical execution.

The practice alluded to, of appending notes "by some writer whose name is familiar to American ears," is certainly becoming a "common and popular plan," but one to which we can see no possible objection, provided the notes are by those who are conversant with the subjects on which they write, and are apposite. That *all* recent American editions of British works answer to this description, we are far from pretending. In some instances which we could point out, neither the pursuits and experience of the editors, nor the amount or character of their additions, or any other consideration than the vanity of having their names blazoned forth on the title page, would seem to afford the least pretext for such a display. However, the evil is one that speedily cures itself. Publishers are not slow in discovering the value of a name, where a work is to be pushed forward in the face of the competition that now prevails in medical book publishing.

Dr. Ashwell has been long before the public as a devoted cultivator of the subjects embraced in the present treatise, and although we discover in his writings nothing particularly striking or original, they afford evidence of judicious and careful observation. In the work before us, we have a clear, and it appears to us, a faithful exposition of the views of British practitioners on the subjects which it embraces. The diseases of pregnancy and the puerperal state, are not included. This omission, with those who are unable or disinclined to purchase separate treatises on these subjects, will constitute an objection.

The editor has found his task an easy one. So perfect, in his estimation, we presume, is the text, that he has abstained from making any material additions to it. His notes are neither numerous nor extensive.

The other work, of which we have cited the title, is altogether of a different character. Unlike Dr. Ashwell, M. Colombat has hitherto enjoyed no large share of reputation as a medical writer, particularly in reference to the subjects embraced in the present treatise; nor do we discover in it proof that any great amount of the information which it contains is drawn from his own observation. Nevertheless, it is a valuable compilation, in which the views of the ancients and of modern French writers are embodied and arranged with clearness. Like most of his countrymen, however, M. Colombat has shown but little acqaintance with either English or American authors,—a deficiency which we are happy to find has been ably supplied by the editor and translator. By the profession in this country, it will be deemed sufficient evidence of the value of the work, that it has been considered by Dr. Meigs to be deserving of the time and attention which it has cost him to lay it before them. The task, to one whose time is so fully occupied, of translating such a work, and of adding extensive notes and comments, can hardly indeed be appreciated.

Dr. Meigs has added largely to his author. For notwithstanding the high estimate of the work expressed in his dedication and implied in the labour of translating it, he has not regarded the treatise of M. Colombat as sufficiently full on all points, or always correct. Sometimes he has added to the text,

sometimes corrected its errors, and sometimes "protested" against its doctrines. In taking this liberty with his author, he acted properly—it was the course which the profession had a right to expect from one of his great experience. In saying thus much, we do not mean to be understood as taking sides on the subjects at issue between the author and his annotator. If we were to go at length into an examination of the opinions, pathological and therapeutical, advanced by them, we should perhaps be found sometimes on one side, and sometimes on the other, and occasionally differing from both. For instance, we should not agree with our friend and colleague in rejecting the tampon as a means of keeping hæmorrhage in check in cases of placenta prævia, nor in an almost exclusive reliance upon blood-letting, in the treatment of puerperal fever. These, however, with many others, are points of practice on which the ablest men of the profession are divided, and we have neither time nor space to discuss them at present.

In conclusion—we can very conscientiously recommend the present publication as containing a vast amount of information on the class of diseases of which it professes to treat. The translation, too, is of a different character from some we have had occasion to notice—M. Colombat actually appears in an English dress.

The Principles of Surgery. By JAMES MILLER, F. R. S. E., F. R. C. S. E., Professor of Surgery in the University of Edinburg, Surgeon to the Royal Infirmary, &c. &c. 8vo. pp. 525. Lea & Blanchard, Philadelphia, 1845.

Unlike most American reprints of British works, the present contains no "notes and additions," but is a simple transcript, if we may so employ the term, of the work, as it was put forth by the author.

At a period when the minds of the less reflecting part of the profession seem to be deluded with the notion that *cutting* constitutes *Surgery*, it is refreshing to find a distinguished member of the craft stepping forward as the advocate of principles, the proper application of which may not only guide but supersede

that terrible remedy. The careful study of the work before us, is well calculated to subserve these purposes. From the Preface we learn that it comprises the substance of the lectures delivered by Professor Miller on the subject, before the class of the renowned University of Edinburgh. In its preparation, "it has been his aim to combine, with soundness of doctrine, such simplicity of arrangement, and plainness of illustration, as seem best calculated to facilitate, while they direct, the labours of the student." The work is divided into four sections.

The first section is occupied with the consideration of "ELEMENTARY DISEASE," and embraces various chapters: 1. *Perverted action of the blood-vessels*—i. e.—Inflammation, Congestion. 2. *Perverted action of the Nerves—Irritation* (local and constitutional,) —the shock of Injury. 3. *Perverted actions of the absorbents*—Atrophy, Interstitial Absorption, Continuous Absorption. 4. *Suppuration*—Abscess, acute, chronic, and diffuse—scrofula. 5. *Ulceration*—Granulation, Cicatrisation, Ulcers. 6. *Mortification.*

Section 2. TREATS OF PERVERTED VASCULAR ACTION IN CERTAIN TISSUES. Chapter 7. *Of Perverted action in the Integuments.* 8. *Perverted action occurring in bone.* 9. *Diseases of the Joints.* 10. *Diseases of the Arteries.* 11. *Affections of the Veins.* 12. *Hæmorrhage.* 13. *Affections of the Lymphatics.* 14. *Affections of Nerves.*

Sect. 3. TREATS OF PERVERTED NUTRITION. Chapter 15. Of tumours--benign, malignant, encysted, of the integument, of mucous membrane, of nerve, of bone.

Sect. 4. TREATS OF INJURIES. Chapt. 16. Wounds—incised, contused and lacerated, punctured, poisoned, gunshot, subcutaneous,—tetanus. 17. *Burns and Scalds.* 18. *Effects of Cold.* 19. Fracture. 20 *Dislocation.* 21. *Sprain and rupture of muscle and tendon.* 22. *Bruise.*

It will be seen from this enumeration of subjects, that Professor Miller's work embraces abundant materials for a full developement of the principles of Surgery, and we feel no hesitation in expressing our opinion, that it presents the philosophy of the science more fully and clearly than any other work in the language with which we are acquainted.

Remarks on the influence of Mental Cultivation and Mental Excitement upon Health. By Amariah Brigham, M. D. Superintendant and Physician to the State Lunatic Asylum, Utica, New York. Third edition, 12mo. pp. 204. Lea & Blanchard, Philadelphia, 1845.

The first edition of this popular work was published some ten or a dozen years ago, and acquired for the author the reputation of a sound and original thinker. It is one of the few American works that have been deemed worthy of re-publication in Europe, where it has undergone several editions. We do not mean by this remark to be understood to admit that all the works of our countrymen that have not received such notice, are undeserving of the most extended circulation. We know the contrary—we could point out some in medicine, as well as in other sciences and general literature, which evince talents and acquirements on the part of their authors of the highest order; and of which Europeans have little, if any knowledge: but when a work does become thus distinguished, it is pretty conclusive evidence of its value.

We could wish that all intelligent parents and teachers would read this little volume. It would show them the folly and cruelty of the present preposterous system of education, in which the bodies of children, while in very infancy, are cramped and their health ruined by confinement, and their minds stultified by over taxed efforts to learn abstractions, before they have become acquainted with things, or acquired the simplest ideas.

The Sanatory condition of the Laboring population of New York, with suggestions for its improvement; a Discourse (with additions) delivered on the 30th of December, 1844, at the Repository of the American Institute. By John H. Griscom, M. D., Fellow of the College of Physicians and Surgeons; Physician of the New York Hospital; late Physician of the City and Eastern Dispensaries. 8vo. pp. 58. Harper & Brothers—New York, 1845.

By his connection with the various public institutions in the city of New York, and particularly from the opportunities afforded him while acting as City Inspector, the author of this publica-

tion has had unusual means of acquiring correct information on the subjects of which he has written; and the facts which he has narrated, and the suggestions he has made in reference to the circumstances, are such as should claim the early and serious attention of the inhabitants and constituted authorities of that growing and populous place. Health ought to be the first consideration, with communities as well as individuals, and that blessing can hardly be expected where there is a total neglect of the means necessary to preserve it. The cities in the United States are yet comparatively small, and their inhabitants have not hitherto experienced the evils of over crowding, but the time is rapidly approaching when, it is to be apprehended, they will be aroused to the consequences of their present negligence. Our author justly remarks that—"no duty can engage the attention of the magistracy of a city or state, more dignified in itself, more beneficial to the present generation, or more likely to prove useful to their descendants, than that of procuring and maintaining a sound state of the public health." Our space will not allow us to copy many passages which we had marked when reading this interesting pamphlet, but the following account of the system of tenantry practised in our sister city, is so graphic, and shows a custom so different from what prevails in Philadelphia, that we cannot refrain from extracting it.

"The basis of these evils," observes Dr. Griscom, "is the subjection of the tenantry to the merciless inflictions and extortions of the *sub-landlord.* A house, or a row, or court of houses, is hired by some person of the owner, on a lease of several years, for a sum which will yield a fair interest on the cost. The *owner* is thus relieved of the great trouble incident to the changes of tenants, and the collection of rents. His income is sure from one individual, and obtained without annoyance or oppression on his part. It then becomes the object of the lessee, to make and save as much as possible, with his adventure, sufficient sometimes to enable him to purchase the property in a short time.

"The tenements, in order to admit a greater number of families, are divided into small apartments, as numerous as decency will admit. Regard to comfort, convenience, and health, is the last motive; indeed, the great ignorance of this class of speculators (who are frequently foreigners and keep a grog shop on the premises) would prevent a proper observance of these, had they the desire. These closets, for they deserve no other name, are then rented to the poor, from week to week, or month to

month, the rent being almost invariably required in advance, at least for the first few terms. The families moving in first, after the house is built, find it clean, but the lessee has no supervision over their habits, and however filthy the tenement may become, he cares not, so that he receives his rent. He and his family are often found steeped as low in depravity and discomforts as any of his tenants, being above them only in the possession of money, and doubtless often beneath them in moral worth and sensibility.

"It is very frequently the case that families, after occupying rooms a few weeks, will change their location, leaving behind them all the dirt which their residence has occasioned. Upon this the next comer will sit down, being so much occupied with the hurry of moving, and with the necessity of placing their furniture immediately in order, that attention to cleansing the apartment is out of the question, until they are 'settled,' and then, if done at all, it is in the most careless and inefficient manner. Very often, perhaps in a majority of cases in the class of which I now speak, no cleaning other than washing the floor is ever attempted, and that but seldom. Whitewashing, cleansing of the furniture, of bedding, or persons, in many cases is *never* attempted. Some have old pieces of carpet, which are never shaken (they wouldnot bear it), and are used to hide the filth on the floor. Every corner of the room, of the cupboards, and the entries and stairways, is piled up with dirt. The walls and ceilings, with the plaster broken off in many places, exposing the lath and beams, and leaving openings for the escape from within of the effluvia of vermin, dead and alive, are smeared with the blood of unmentionable insects, and dirt of all indiscribable colors. The low rooms are diminished in their areas by the necessary encroachments of the roof, or the stairs leading to the rooms above; and behind and under them is a hole, into which the light of day never enters, and where a small bed is often pushed in, upon which the luckless and degraded tenants pass their nights, weary and comfortless.

"In these places, the filth is allowed to accumulate to an extent almost incredible. Hiring their rooms for a short period only, it is very common to find the poor tenants moving from place to place, every few weeks. By this practice they avoid the trouble of cleansing their rooms, as they can leave behind them the dirt which they have made. The same room being occupied in rapid succession by tenant after tenant, it will easily be seen how the walls and windows will become broken, the doors and floors become injured, the chimneys filled with soot, the whole premises populated thickly with vermin, the stairways, the common passage of several families, the receptacle for

all things noxious, and whatever of self-respect the family might have had, be crushed under the pressure of the degrading circumstances by which they are surrounded."

We commend this publication to the serious perusal of all Philanthropists and Legislators, and especially those whose duty it is to guard the health of our large cities. It is evidently the production of an intelligent and observing mind, influenced by benevolent motives.

A Dictionary of Practical Medicine, &c. By JAMES COPLAND, M. D. F. R. S. *Edited by* CHARLES A. LEE, M. D.

We have received from the publishers, Harper & Brother, part IV. of this valuable book.

Twenty-fourth Annual Report of the Bloomingdale Asylum for the Insane. By PLINY EARL, M. D., Physician to the Institution.

This is a very full and able Report. Our correspondent, to whom we are indebted for a notice of the annual reports of several similar Institutions, in the present number, will doubtless embrace Dr. Earl's in a future communication.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL, 1845.

To Correspondents and Publishers.—The Editor regrets that he has been unable to notice all the favours sent to him for the present number. The press has literally teemed with medical books of late, and as a consequence, our account of them has necessarily been brief, and sometimes delayed longer than we could wish.

MESMERISM.

Since the explosion of Homœopathy and Hydropathy, Mesmerism has been revived in Europe, and quite a sensation has recently been created on the subject by the celebrated Harriet Martineau. This lady enjoys an enviable literary reputation, and, although somewha

older than unmarried ladies affect to be, still ranks with the Misses. Such an one, of all the world, is most likely to be afflicted with "nervous complaints," and Miss Martineau has sadly realized this in her own not remarkably feminine person. It appears from statements published by herself and her relative and former medical attendant, Mr. Greenhow, of New Castle, that she has been labouring under retroversion of the uterus, with dyspepsia and neuralgic pains of various parts, especially about the pelvis, which for a considerable time confined her to her chamber, and even to her bed and sofa, but that under the judicious advice of Mr. Greenhow and Sir Charles M. Clark, she had so far recovered as to be able to take some exercise, and otherwise afford hopes of a speedy recovery. It was at this juncture that a Mesmerist was allowed to minister to her case. Convalescence had already commenced, and needed only some strong mental co-operation to render it complete; and this the new excitement was well calculated to supply; accordingly she soon began to go abroad, take long walks, enjoy books and society, and, in short, to resume her accustomed habits. This, of course, has been seized on by the Mesmerists as a triumph over medicine, and the name of Harriet Martineau has become as familiar to that class of jugglers as it erst was to the circles of polite literature. Nor has this prostitution of her name and influence been wholly without her consent, and therefore she has no just ground of complaint, if, forgetting the natural delicacy of her sex in the course she has pursued, others, in commenting on her case, should forget it also.

In referring to this matter, the Dublin Medical Press has the following just remarks on what may not improperly be called *the spirit of the age.*

"But the fact is, that we are every day approaching nearer and nearer to the springs and sources of quackery in all its ramifications. Vanity, sheer vanity, egotism, and craving after notoriety, is more at the bottom of it than people think. Your consequential, ostentatious candidate for the attentions of the circle in which he moves, delights to assert his importance, and display his judgment by joining in the discovery of a cure, or the patronizing of a charlatan; and the restless spoiled child of indulgence has full scope for the gratification of caprices, in flying from one quack to another in pursuit of relief from real or imaginary ailments. This poor lady has been so completely inflated by the breath of flattery, and so thoroughly persuaded into a belief of her being a most wonderful personage, that she thinks it quite a duty to tell the world how she feels, and how matters go on in her inside. So every fussy valetudinarian gratifies his self-love by recounting his deeds of doctoring, and boasting of his sagacity and dis-

crimination in the discovery of a miraculous cure; while at the same time he enjoys the satisfaction of displaying his ability to incur expense and to command resources and luxuries beyond the reach of less favoured mortals. In fact, this species of quack-fancier, whether male or female, is the same creature that we find flying about after all other kinds of novelties, and seeking by change of scene and new excitements to sustain the artificial condition of mind and body which he finds essential to his existence."

By some of the recent journals, we learn that Professor Thomas D. Mütter, of Philadelphia, has been elected a member of the Royal Medical and Chirurgical Society of London.

RECORD OF MEDICAL SCIENCE.

MEDICAL SOCIETY OF LONDON, JAN. 13, 1845.

Hooping-Cough, its Treatment and Effects.—Mr. Robarts, in reference to the discussion of the last meeting, explained that he considered dilated bronchial tubes were never found in young persons, but were not uncommon in those who were the subject of chronic bronchitis, or the old catarrh or winter cough, as it was called. Assuming this to be correct, it was reasonable to suppose that pectoriloquy occurring in young persons was the result of a cavity.

Dr. G. Bird differed in opinion with the last speaker, for he had found that the bronchial tubes were not uncommonly dilated, even in children, and particularly in those who had suffered from protracted hooping-cough. He had found this dilatation at all ages, from the period of dentition to puberty.

Dr. Wiltshire agreed in the main with Dr. Bird, and expressed his belief that the mass of cases of mild consumption, in which the physical and other signs and symptoms of phthisis were present, were, in fact, cases of dilated bronchial tubes. He had seen the most severe forms of chronic bronchitis between the ages of twenty-five and thirty.

Mr. Crisp had examined several children who had died of hooping-cough under the age of three years, and had never found dilated bronchial tubes.

Belladonna in Hooping-Cough.—Dr. Waller had of late tried belladonna in two cases of hooping-cough with the best results. He gave the extract in a twelfth of a grain dose, three times a day, to a child four years of age. In these cases there was simply the spasmodic cough, and no indication whatever of the presence of inflammation. Prussic acid and conium had failed in affording any permanent or marked relief.

Mr. Crisp had in the majority of cases found the antiphlogistic

plan of treatment in the early stages of hooping-cough to be the best treatment. In robust and healthy children the application of leeches, followed by blisters, and the use of tartar emetic, had usually been attended by the best results. He viewed the disease generally as inflammatory, or at all events congestive. Contrasting the antiphlogistic treatment with that which he had formerly pursued, he had every reason to be satisfied with the change that he had made. With respect to the use of prussic acid, he had usually found it of service only for a day or two.

Dr. Wiltshire, at the Infirmary for Children, had treated simple uncomplicated hooping-cough with two or three emetics of ipecacuanha, one every morning or second morning, followed for two or three days with nauseating doses of antimony, and had found this plan of great service in the early stages of hooping-cough. Hemlock and ipecacuanha were of benefit afterwards in relieving the cough. With respect to belladonna, he was fearful of its employment, for notwithstanding the evidence in its favour, adduced by certain German practitioners, there were others who had found that this medicine has a tendency to increase vascular action in the brain, and to the production of hydrocephalus.

Dr. Chowne, in the treatment of hooping-cough, laid particular stress on the necessity of keeping the patient in a warm temperature, and using every means to prevent his catching cold. Nauseating doses of ipecacuanha were frequently of benefit. With reference to the production of emphysema by hooping-cough he did not believe it possible.

Dr. Clutterbuck looked upon hooping-cough as a specific disease, produced by a specific cause—it was an inflammation of the bronchial membrane of a specific character, but apt to induce inflammation of other organs, such as of the lungs or of the head, and it was these complications that constituted the dangerous characters of hooping-cough. He had little confidence in any remedy for this affection. The disease should be narrowly watched, with the view of prevention, rather than of active treatment; if mild, nothing was necessary to be done, it would terminate spontaneously; if it threatened the complications he had alluded to, decided antiphlogistic means were demanded.

Dr. Golding Bird regarded hooping-cough, in the first stage, as invariably inflammation of the lining membrane of the bronchial tubes, larynx, and trachea, of a specific character, and implicating, in some peculiar manner, the par vagum. This inflammation lasted a definite period, which was influenced by constitution, and other causes. In the second stage of the affection, the disease was *nervous*, the specific irritation of the par vagum being kept up, altogether independent of inflammation; or, if this were present, it was accidental: the hooping was afterwards protracted, by the influence of habit. In the first stage, the remedies for bronchitis were advisable—such as emetics, diaphoretics, the warm bath, and a warm temperature. When the inflammatory stage was passed, the object of the practi-

tioner was to subdue irritation in the par vagum, and this was effected by the agency of narcotics—such as conium, in conjunction with the carbonate of potash, hemlock, and hydrocyanic acid. Embrocations to the spine and chest were also useful. When bronchorrhœa became troublesome, small doses of alum, with sedatives, were employed with advantage. When the bronchorrhœa had ceased, tonics were indicated,—the kind of tonic to be determined by the constitution of the patient. Emphysema did not occur as the consequence of hooping-cough.

The President had found, in some cases where belladonna was given, that the poisonous, rather than the curative effects of that remedy developed themselves, even though the doses administered were remarkably small. With reference to the irritation of the par vagum in hooping-cough, he related a case in which this nerve had become exposed, from the formation of an abscess, or other cause; and it was remarkable, that when the nerve was in contact with the air, a spasmodic resembling hooping-cough was produced: when the nerve was covered over by a cicatrix, the hooping-cough ceased.

Blisters in Children.—Some discussion took place respecting the use of blisters in children. Generally, their employment was looked upon as only a choice of evils, and two cases were related in which their application produced fatal results. The President had found, in cases where blistered surfaces were healed with difficulty, that the mixture of a grain or two of opium with an ounce of spermaceti ointment was of great benefit. In cases in which morphia was employed endermically, the difficulty often was, to keep the blistered surface open.—*Lond. Lancet.*

SYRIAN MEDICAL ASSOCIATION, HOSPITAL AT DAMASCUS.

We have received the following communication from Dr. Thompson, who, as our readers will remember, was last Summer appointed physician to the Dispensary and School of Medicine at Damascus, by the Syrian Association. We at that time gave a full account of the objects of this very laudable charity.

"The climate of Damascus is delightful: the months of July, August, and September, were very hot, yet not oppressively so—a circumstance referable to the dryness of the atmosphere; the thermometer ranged from 98° to 105°; the months of October and November were very agreeable. The periodical rains commenced on the 2nd inst., but continued only for a few days. Though comparatively healthy now, a day seldom passes without forty, fifty, or sixty applications for relief: the largest number of applicants on any day has not exceeded one hundred and eighty. The patients come to the dispensary on three days in each week, the others being devoted to giving out-door relief. Latterly, some cases of midwifery have been attended. I propose, as soon as our funds admit of it, to appoint a female of each sect to the Christian, Jew, and Mohammedan quarters of the city respectively; she will be instructed also in midwifery. I

am sure very many lives would be thus saved yearly. She will see the case first, and then report it, when the patient will be visited and prescribed for. From the instruction thus given to the female practitioner, I hope to break through the few remaining prejudices of the people, and prove to them the importance and superiority of British medical science. I have been here now since July, and have prescribed for three thousand four hundred and fifty patients during that period, of all sects and classes; even the most fanatical come to me for advice, and I have visited the harems of the chief Moslems, the pure descendants of the Prophet. I am now the medical adviser to the Kahia Bey, the governor of Damascus, who has felt so much relieved in British treatment that he has made me a present of a young Arab horse, and has visited me with all his retinue, about twenty-five in number. I attend the Christian and Moslem Leper Asylums, and visit the prison and Lunatic Asylum; I give instructions to the native *Hockums*, and they are quite interested in our modern improvements in surgery. Our electrifying machine astounds the natives, and we have done some good in cases of epilepsy, paralysis, and affections of the retina.

"Dec. 8, 1844.—Since writing the foregoing I have been called upon to visit the Pacha of Damascus, and found the royal patient suffering from catarrh. He is a fine, intelligent old man, of about seventy years of age; was formerly Pacha of Bagdadt. On a former visit, in speaking about the native practitioners, he said it was his creed that no man could successfully practise medicine or surgery who did not know the anatomy of the human frame—a great advance in opinion in such a quarter as this. I have lately prescribed for the Queen Dowager of Persia; her Majesty was veiled very closely, and I was only allowed to see her through the doorway of her bed-room; her tongue and pulse were the only means left me of forming a diagnosis of her condition. However, her Majesty is now well."—*Ibid.*

Rupture of the Uterus and Abdominal Parietes. Cæsarean Operation performed with Success, both for the Mother and Infant. Thirteen months afterwards, Rupture of the Uterus and Abdominal Parietes, from a second Pregnancy; Birth of the Infant by this spontaneous Opening, and perfect Recovery of the Mother. By Dr. Prael, Director of the Obstetrical Institution of the city of Hildesheim.—A newsvender, ætat. 28, enjoying good health, both during her early infancy and adult life, but deformed from rickets, in whom the catamenia appeared at the age of thirteen, entered the Midwifery Hospital of Hildesheim, far advanced in pregnancy, shortly expecting to be brought to bed. A careful examination satisfactorily proved that the great diameter of the true pelvis, "du petit basin," was only two and a half inches. It was, therefore, probable that she could only be delivered by the Cæsarean operation. Labor set in by powerful but useless pains, and the fœtus furnishing abundant proofs of life, the operation was determined on. Accordingly an incision was made in the

direction of, and upon the linea alba; the peritoneum and the uterus were opened upon a director (sonde connelee,) and without the slightest lesion; a living female child, well formed, and arrived at full time, was drawn forth. By a slight traction upon the umbilical cord, the placenta was extracted through the same opening. The hæmorrhage did not amount, at the most, to a pound of blood. The edges of the uterine wound were then brought together as closely as possible by means of six "points" of suture, carefully avoiding the peritoneum. The lips of the tegumentary wound were placed in apposition, leaving, however, a small opening at the inferior angle, for the free escape of any fluid that might otherwise accumulate within. During the operation, which was borne with the most heroic courage, the patient experienced only one slight nausea; she was not much exhausted by it, and declared that she felt herself quite well. On the day following, the infant was applied to the breast, which it took with evident satisfaction. The issue of this accouchement was of the happiest nature; the mother suffering but a slight accession of fever, caused by an accumulation of milk, her infant refusing the breast, from being attacked with trismus nascentium, of which it died on the ninth day, The mother recovered perfectly, but slowly; at the expiration of two months from the operation there was complete cicatrization of the wound; at that of eight months, a re-appearance of the catamenia; and in the ninth month, she left the hospital in excellent health, at which time the cicatrix was five inches in length, and from half to three quarters of an inch in width. In the beginning of the following year, she again became pregnant. During the first four months which followed, she enjoyed such good health, that she, for the first time, noticed her state, by the movements of the infant in the twenty-first week. These movements were accompanied by violent dorsal pains, lasting but for a few minutes only; she paid but little attention to them, from having experienced similar at the age of sixteen. She now noticed an ulcerated spot upon the skin, which was slightly swollen; it was situated at the right side of the abdomen, at the distance of the width of the hand from the Cæsarean cicatrix. This ulceration daily extended in points, pouring out pus and sometimes blood, causing but little or no pain; simple dressing was applied.

On the 14th of July, 1843, having taken cold, she had an access of fever, accompanied with pains in the sides, back and abdomen, for which Dr. Schrœder was called in; he found that part of the abdominal integuments, which we have described, œdematous, and of a reddish brown color, and about the width of the hand in extent. The fœtus could be so distinctly felt through the abdominal parietes, that on first consideration it was considered to be extra-uterine. A solution of muriate of ammonia in liquorice juice was ordered, and the wound dressed with a mild ointment. The same evening, pains having the character of labor-pains, set in, but disappeared on the 16th. The muriate of ammonia was continued, causing a sensible diminution of the cough, and febrile excitement. In a short time, the patient was able to leave her bed; the movements of the fœtus were no more felt.

On the 18th, she experienced a pressing desire to make water, and go to stool; she arose, made a few steps forward, and called for her sister to hand her the vessel, when suddenly a crack (*craquement*) was heard, accompanied with a rupture of the abdominal parietes, through which the fœtus, enveloped in its membranes, could be felt. In this fearful dilemma, alone, and left to her own resources, with both hands, she retained the infant in the rupture, until help arrived. A midwife was called, who found the patient standing, the membranes being torn, she had merely to take away the infant, which was dead. Dr. Schrœder, who arrived one hour after, found a large rent in the abdomen, situated below the umbilicus, of a transverse direction; the membranes, and apart of the omentum, protruded at the right, whilst the cord, and the placenta, still adhering to the uterus, appeared at the left. Fearing, lest upon the extraction of the placenta, the intestines might escape, he called in Dr. Prael, on whose arrival, the patient, notwithstanding all she had suffered, was yet in a state not to be despaired of. She was pale and the pulse was small; but there was not anything in her manner, or the expression of her countenance, which indicated particular danger; the hæmorrhage had not been very abundant, the wound smarted a little, but was not painful. This solution of continuity was at least five inches long, extending one and a half inches to the left side of the cicatrix, and three and a half inches to the right; its lips were so separated, that at first view it was not easy to say whether it was transverse or perpendicular; its edges, particularly the inferior, were œdematous, swollen, turgid, turned inwards, and unequal; below this opening, and about an inch from its edge at right, there were two patches of extravasated blood, both transverse in direction, and one inch and a half in length. At the right of the centre of the rupture, a tumour, of a violet color, and of the size of the head of a new born infant, was seen; it was the membranes, filled with coagulated blood; behind and above this, a portion of the omentum, as long as the hand, and the width of three fingers, protruded; the placenta, in part visible, and a considerable portion of the cord, filled the left side of the wound; there was no escape of the intestines. As the cord was so thin, that it could not bear the slightest traction, without danger of being torn, it was necessary to introduce three fingers into the uterus, through the abdominal opening, in order to remove the placenta. The uterus had already so much contracted, that it was quite impossible to learn, with certainty, the direction which the rupture had taken in it: the placenta, which was attached to the posterior wall of the uterus, gave trouble in its removal, and caused considerable pain to the patient.

During this operation, no part of the intestines protruded. In order to shun any such accident, the operator made the examination as short as possible, confining himself to washing away the blood, bringing the edges of the uterine opening together, and returning the omentum in the best way he could. The edges of the abdominal wound were so puckered (*plissés,*) swollen, unequal, and œdematous, that sutures could not be used, they were therefore held together, by adhesive

straps, placed perpendicularly. Having cut away with a scissors a small portion of the peritoneum, which was only held by a few filaments, at the right angle of the wound, the dressing was completed by soft compresses and a bandage. An examination of the genital organs was next proceeded with, but nothing was found in the vagina. The orifice of the uterus was smooth; the os was dilated to about the width of two fingers, through which there was no flow of blood, or any other fluid. The reaction which followed so serious a lesion, was held within due limits, and there was but little fever. The state of the wound, however, gave rise to the most serious apprehension. At the removal of each dressing, a considerable quantity of sanious sanguineous fluid was discharged; its edges assumed an unhealthy aspect, and the patient complained of severe pains in the loins.

The opening becoming gangrenous, gave issue to a very fœtid sanious discharge; however, with the exception of the stools, all the functions were normally performed, and the locia transmitted through the natural passage. Quinine was administered, under the exhibition of which the aspect of the wound gradually changed, assuming a healthier appearance, and pus of a good quality was secreted. The quinine was now obliged to be discontinued from an attack of rheumatism of the left side, but was afterwards administered with good effect, notwithstanding an abcess formed in the left inguinal region, carrying in its train a swelling, and paralysis of the leg of that side. Emollient poultices were applied, but the œdematous swelling progressed, extending over the entire of the abdominal integuments. The process of cicatrization, which had reduced the wound to the size of a two franc piece, was also manifestly arrested. By the aid of tonics, antiseptics, and a nutritious regimen, the œdema disappeared in the course of eight days; sleep and appetite now returned, her strength augmented, cicatrization recommenced, the quantity of pus daily diminished, and there only remained a few cutaneous ulcerations in the rupture, which were soon healed by the application of Nit. Argenti. In one month after she was so far re-established in health as to be able to quit her bed; and in fifteen days more, the wound was reduced to the diameter of a one-franc piece.

She was now able to be engaged in domestic affairs, and walked for half an hour each day. On the fifth of October cicatrization was complete, she felt no pain, and was fast regaining her *embonpoint*. The catamenia appeared in six weeks after the accident, and again towards the end of October without pain, but less abundant than the first time. She now left the hospital.

This extraordinory case is so much the more interesting, as it is perhaps the only one in the annals of medical science. One exhibiting some analogy is related in an old English work, little known, published by the Society of Edinburgh.

The translator, not without some difficulty, from the indefinite description given of this work, found the paper referred to in vol. ii. of the "New Edinburgh Essays," p. 338, published in 1756. It was read before the Society by Alexander Monro, senior, and is thus given:—

"In April, 1736, Elspet Grant, in the parish of Moy, being with child, took her labour pains. After they had continued three days with the child in birth, two cracks, as if the rafters of the house had broke, were heard about the sick wife, and her belly was rent from near the navel, with a squaint downwards, and to the left side to near the share bone. At this rent the child came into the world, the afterburden was brought away, and the entrails were seen. This woman recovered."—*Dub. Jour. of Med. Sci.*

Case of Colloid Tumor in the Cavity of the Cranium, Presented to the Medical Department of the National Institute at its Meeting on the the first of July, 1844. By Thomas Miller, M. D.—G. C., Purser in the U. S. Navy, æt. 42, temperate habits, but has been much exposed from the nature of his occupation; many, say ten, years since, was effected with symptoms of dyspepsia, frequent violent pains in the back of his head, which rendered him irritable and unsettled in his temper, impatient, and often disposed to change his residence, &c. A few years after this, while at sea, he had violent and alarming attacks of cramp colic, and one or two violent and alarming hæmorrhages from his lungs. Six or seven years ago he was suddenly attacked with aphonia, for which, he was treated by numerous medical gentlemen of the Navy, and private practitioners both of this and other countries.

Twelve months ago I was called to attend him: he exhibited to me his left ear, from which protruded a foreign body, which had been pronounced to be a polypus. He stated that he had endured and was still enduring great suffering from his head, ear and throat, referred all his pain to the back part of his head, in each side over the junction of the occipital and temporal bones, extending posteriorly along the nucha and anteriorly along the course of the Eustachian tube and the large vessels of the neck—he could not, nor had he been able for many years, to lie easily on his left side.

The immediate cause of my being called was a severe hæmorrhage from his lungs; he had discharged a large quantity of light and frothy blood, and he continued to throw up the same, though in smaller quantities. With leeching, lead, &c., this hæmorrhage was readily controlled; in a few days, he had a similar attack, which was readily relieved by oil of turpentine in small doses. With some difficulty he went to Philadelphia, where he consulted Dr. Ruschenberger of the U. S. Navy. I was of the opinion that the blood, which he discharged, was from the lungs, and that he would ultimately have phthisis. In the month of August, 1843, Dr. Ruschenberger removed, by the forceps and caustic, the foreign body from the ear. He suffered much; it was supposed that every vestige of the body was removed. He remained under the charge of Dr. Ruschenberger and others, till the month of December, when he came to this city and placed himself under my charge. When sent for, I found him in the following condition, viz: he was lying in bed, complaining of great restlessness and general pain, particularly severe about the back of the head,

neck, and in the mastoid portion of the left temporal bone; the pain extending along the course of the large vessels, and at the condyles and angles of the jaw (left side.) There was partial paralysis of his tongue, which was drawn to the left side, when an effort was made to protrude it. He had much difficulty in deglutition, often strangled while eating, and often coughing up what he had swallowed. There was a remarkable paleness of the left side of his tongue, while the right side, up to the median line, was more than usually red; pressure on the thyroid cartilage, &c. produced no pain. He complained constantly of an uneasiness in his chest and sense of stricture; not much cough; sense of distension and fulness in his abdomen, which was constricted. He entertained the idea that it was necessary to be purged frequently, and therefore took oil every day or two—a very small dose of which acted well on him. Nothing material was done for him, believing that his case was either irremediable, or was to be left to time. "He was under the impression that there was a foreign substance in his ear, and in the cells of the mastoid process; and that his pneumogastric nerve was affected, and that this foreign substance had passed to the throat."

He continued in this condition, losing flesh and strength, constantly predicting that he must soon die, and that nothing would benefit him. He had frequent attacks of singultus, and towards the last of his illness there were chills and *heats*. His pulse continued regular, and at 80 to 90 till within a few days of his death, when it arose to 120 to 150. The chills became more frequent, deglutition more difficult, respiration more distressed and painful—till they finally ceased on the 2nd of March, at 12 o'clock, M.

This is a hasty and imperfect sketch of the case; though the mere outline of it, there was such monotony in the case, such gradual decline, and such variety in the treatment, that volumes would be required to describe them all; and yet it would be little else than the history of one day, and the exhibiting of all the articles in the Materia Medica.

Everything was tried, known to the art of medicine, and likely to be beneficial, and nothing with the least success or alleviation of the symptoms. Within the last week of his life, the most obvious symptoms of pulmonary disease were developed, and we were satisfied that his end was approaching.

He had requested that his body should be examined after his death; accordingly, 24 hours after death, aided by Drs. Johnston and Causten, in the presence of Dr. B. Washington, the consulting surgeon, Dr. Hall, Dr. Frailey, and my students Messrs. Bronaugh, Lewis and King, we proceeded to make the autopsy.

The body was much emaciated.

The *Chest.* We found the left lung closely adherent to the thorax; old adhesions; the lung emphysematous; the vesicles loaded with bloody serum; the bronchial tubes filled with mucus; the lung did not collapse; numerous patches of miliary tubercles in both the lobes of the lung; several calculi encysted at the apex of the lung.

Right Lung did not collapse; studded with tubercles in different stages, from primary tubercles to softening. These were distributed through all the lobes. In the apex of the lung there were several calculi; we found one as large as a marble; the bronchial tubes and vesicles of the lung filled with mucus.

Heart, healthy; bronchial glands healthy.

Throat.—Pharynx more pale than usual; the epithelium of the mucous coat destroyed; small apthous elevations; the pouches on each side of the larynx filled with the food he had eaten, and much enlarged. The *œsophagus* presented the same appearance. The *larynx*—great enlargement of the vocal cords; ventricles very much enlarged, that on the right side particularly. These were filled with mucus. When removed; the mucous membrane presented small elevated patches, not larger than pins' heads. The mucous membrane of the larynx and trachea reddened. *Epiglottis*—cartilage larger and more erect than usual; the glottis or rima glottidis more patulous than I have ever seen it, indeed the whole larynx was larger than I have ever seen in any case.

The *tongue* presented nothing, with the exception of the enlargement of the cryptæ and the aphthous patches at the roots. The ventricles at its roots on each side of the frænum, between it and the anterior edge of the epiglottis cartilage, very large, and also contained portions of food, &c.

Abdomen.—All the viscera healthy, except the kidneys—they were larger and more congested with venous blood than usual. The intestines empty and much contracted.

Head.—The calvarium being removed, exhibited the cerebrum healthy; cerebellum healthy; upon removing them a large quantity of sero-sanguineous fluid ran from the spinal canal. In the fossa occupied by the left lobe of the cerebellum, was situated a foreign body, having the appearance of a large hydatid, extending from the posterior inferior part of the left lobe of the cerebellum, to the junction of the pons varolii to the crura cerebri, pressing on the left inferior side of the cerebellum, pons varolii and medulla oblongata, where the 6th, 7th, 8th and 9th pairs of nerves pass off, making a deep indentation, if not having produced absorption, into that portion of the cerebral mass. This tumor was fully as large as a hen's egg. We carefully removed it with the temporal bone, so that we could examine it properly—in doing so, we unavoidably cut into the sac, and found the contents to be a semi-transparent gelatinous substance, of the consistence of the vitreous humour of the eye, having minute red vessels passing through it.

This tumor seems to have sprung from the bone, was situated behind the dura mater, which formed on its cerebral face a thick envelope. This substance, as far as we could judge, sprang from the internal meatus, then expanded behind the dura mater, filling up the fossa immediately behind the petrous portion of the temporal bone, then passing through the posterior foramen lacerum along with the the jugular vein, par vagum nerve, passing to the edge of the foramen

magnum occipitis, which seems to have formed its boundary posteriorly. Another portion of this tumor passed through the carotid foramen with the artery, then uniting with that portion which passed out of the jugular foramen, enveloping the nerve, artery and vein, and embracing the 9th pair of nerves as it passed on its way to the tongue; these, in a word, were all involved in the tumor. The tumor then extended upwards under the zygoma into the spheno-maxillary fissure surrounding the articulation of the lower jaw, then extending downwards towards the thyroid cartilage. Upon removing this tumor from the bone as far as was practicable, we found that it closely adhered to the bone internally behind the dura mater, that the bone where the tumor was situated was much thinned, readily breaking and diaphonous, that a ledge or rima of the bone was found defining the extent of the tumor, immediately posterior to the petrous portion of the temporal bone, in what is termed the mastoid portion of the bone.

Upon sawing through the petrous portion into the cavity of the ear, we found the tympanum, vestibule, and all the canals, as well as the mastoid and other cells, filled with the same substance as that which composed the tumor. The membrane lining the cavities peeled off readily; the cavity of the tympanum was filled with pus; fragments of the bones of the ear were detected; the lining membrane was entirely destroyed. The exit of this pus was prevented by a plug of hardened wax, which was situated immediately at the entrance of the cavity of the tympanum.

There conld be detected no vestige of the portio mollis except its root. The portio dura was seen wending its way to the stylo-mastoid foramen, where it was found, but soon it became involved in this tumor. We were at a loss to decide where the portion of the tumor, which protruded externally, derived its covering; it seemed to be of the same character as that which occupied the internal portion, which was evidently the dura mater. We could not make out any definite proper covering to the substance of the tumor, but I feel satisfied that it was covered with a proper coat, independent of the fibrous covering, and it had a reticulated or cellular arrangement similar to the hyaloid membrane of the vitreous humor, for the substance presented that degree of consistence, for which I could assign no other cause.

This is a most satisfactory autopsy. This early history of the case would show that the origin of all the patient's sufferings was in the ear—that all his symptoms of paralysis of the pharynx, tongue, &c., arose from the pressure of the 9th nerve. The pressure on the par vagum and sympathetic accounts for the early embarrassment of the lungs, heart and stomach. The pressure on the left side of the cerebellum, pons varolii and medulla oblongata, from which these nerves spring, causing paralysis on the right side. The difficulty of deglutition arose from the loss of nervous power and influence to the pharynx. The pain (not a severe sharp pain) about the mastoid portion of the head along down the neck, arising from the pressure of the nerves of the neck by the tumor. The lodgment of the food arising

from the loss of power in the pharyngeal muscles to propel the morsel; and the loss of power to raise the larynx, also arising from the same.—*Boston Med. & Surg. Jour.*

On the formation of the Buffy Coat of the Blood.—By GEORGE GULLIVER, F.R.S., Surgeon in the Royal Regiment of Horse Guards.—After noticing the well known fact, that the red corpuscles will sink much faster in the entire blood, while the buffy coat is forming, than they will do in the serum alone, the author remarks that two of the most eminent authorities on the physiology of the blood, Mr. Hewson and Dr. Davy, concluded that the rapid sinking of the corpuscles on which the buffy coat depends, is due to an attenuation of the liquor sanguinis. On the contrary, Professor Hermann, Nasse, and Mr. Jones, attribute the quick sinking of the corpuscles to their increased aggregation in inflammatory blood.—*British and Foreign Medical Review.*

Finding that the blood of the horse generally affords a buffy surface, measuring as much perpendiculary as the lower red part of the blood clot, the author made many experiments on the sinking of the red corpuscles in the liquor sanguinis in the serum, and in these fluids variously altered in viscidity and specific gravity. The experiments are particulary detailed, in order that they may be easily repeated, and that no errors may arise from the different effects which Mr. Prater has shewn may be produced by different quantities of the same substance.

The author is of opinion, that if we admit the sinking of the red corpuscles affords an accurate test of the consistency of the liquor sanguinis, we must also admit the improbability that the liquor sanguinis, becomes *thinner some minutes after the blood has been received in a vase*, at which time the falling of the red corpuscles is most rapid.

The author asks whether the well-known utility of saline medicines in inflammation may not be explained by their effects in preventing or destroying the aggregation of the red corpuscles and in preventing or lessening the buffy or inflammatory condition of the blood.

The author arranges some of his conclusions as follows:—

First—There is a remarkable acceleration, after a few minutes, in the ratio with which the blood corpuscles sink in the liquor sanguinis.

Second.—This acceleration may be increased by increasing the aggregation of the corpuscles; and prevented or removed, by preventing or destroying the aggregation of the corpuscles.

Third.—The sinking of the corpuscles is slower in blood thinned by weak saline solutions, than when mucilage is added with the salt.

Fourth.—The sinking of the corpuscles may be slower in serum artificially made thinner and lighter, than in serum artificially made thinner and heavier.

Fifth.—In the cruor of horses' blood the corpuscles are more aggregated, and with more appearance of agglutination between the corpuscles, than in very buffy human blood.

Sixth.—There may be a buffy coat, or only a comparatively thin one, on the blood of the horse, when the blood has been made thinner and its coagulation retarded.

Seventh.—The corpuscles of the horse sink much quicker in his serum than the corpuscles of man do in his.

Eighth.—Increasing the proportion of corpuscles in the blood hastens coagulation, and prevents or diminishes the formation of the buffy coat, more than increasing the serum only.—*Lond. Lancet.*

Observations on the Relaxed Rectum. By H. Hunt, M. D.—The author describes this as a malady of not unfrequent occurrence, and productive of much inconvenience and distress. The most prominent symptoms are obstinate constipation, a frequent desire to evacuate the bowels, a constant sensation of load in the rectum, which is not relieved by an evacuation, and the discharge, after much forcing, of mucus streaked with blood. The bladder, urethra, and other adjacent organs, often participate in the irritation.

On examination, the rectum will be found preternaturally enlarged, and more or less filled with large folds of mucous membrane pressing down on the anus, which impede the evacuation of the fæces, introduction of instruments, and injection of enemata.

This morbid condition of the mucous membrane the author attributes to a neglected state of the bowels, and repeated and great distension of the rectum by fæces, which causes the mucous membrane, when the bowel is empty, to hang in loose folds.

This disease, if neglected or mismanaged, gives rise to prolapsus ani, an irritable and painful state of the sphincter, and an introsusception of the upper and undilated portion of the intestine into the lower and dilated part.

The treatment recommended for the *simple* relaxed rectum is the avoidance of all aperient medicines, and the injection of a pint of cold water into the bowel every night previous to going to bed; the removal of the prolapsus, and the application of belladonna ointment to the irritable sphincter.

In the case of introsusception of the rectum, in addition to the use of the cold water injection, the exhibition of some mild aperient, taking care that whilst a costive or hardened state of the fæces is prevented, purging is avoided; and a course of the Hyd. c. Cretâ with hyoscyamus or conium, or of the iodide and sarsaparilla.

Dr. J. Johnson considered that the first class of cases described in the paper were common enough. The author, in these cases, seemed to deprecate altogether the use of aperient medicine; in this respect he, Dr. J., differed from him. It must be recollected that to effect a cure the colon as well as the rectum must be acted upon, as fæces often accumulated above the latter organ. Now the colon would not be reached by the small cold-water injection recommended in the paper, and these injections were far from being always harmless, for they were occasionally productive of great pain and severe tormina. He had even seen them producing faintness in a patient from these

causes. In the treatment, then, of these affections, he preferred the milder aperients, such as tartrate of potash, or confection of senna, for these produced no irritation or straining; but were of the most essential service. In cases of relaxed and protruding rectum, he had used Ward's paste with much advantage. Under its employment the folds of the rectum became corrugated, and the canal altogether strengthened. With respect to local mechanical contrivance to keep the weakened bowel in position, he knew of none which in efficacy could be at all compared to two silk handkerchiefs, one of which was placed round the waist, and the other, attached to this behind and in front, kept a soft piece of sponge covered with linen in such a position that it pressed gently on the lower part of the rectum, and kept it in position.

Mr. Bransby Cooper bore testimony to the value of mild aperients in the cases mentioned by Dr. Johnson. In the treatment of prolapsed rectum, however, neither aperients nor mechanical contrivances of any kind were of half the service as the adoption of the plan recommended by Dr. Hunt in his paper—the evacuation of the bowels at night. When this plan was adopted the patient had the advantage of remaining in bed for seven or eight hours, during which time the rectum would be kept in position, and by this means a perfect cure might be effected; a termination rarely to be expected from the use of medicines or of mechanical support. The rule alluded to was one of great value in all diseases of the rectum. When the bowels were evacuated in the morning, irritation was kept up during the day, either by the sitting posture or by moving about, and all attempts at cure were frustrated.

Mr. Henry Lee stated that it appeared to him that the disease under consideration had hitherto been very imperfectly explained. In dissecting the rectum, a strong band of muscular fibres is found, arising from the posterior part of the pelvis, taking a course downwards and backwards, and encircling the lower extremity of the bowel. These muscular fibres are part of the levator ani, and although not usually described, are very important with regard to the disease in question. They lie in close contact with the sides and posterior part of the bowel, the lower two inches of which are thus encircled by strong muscular fibres, taking the same direction, and performing the same office, as the fibres of the sphincters ani. Whenever it happens that a portion of the relaxed mucous membrane comes within the grasp of these muscular fibres, the very natural effect is, that the return of the blood in the veins in the constricted part is retarded; and this in reality is the cause of the deep-seated dull pain, the tenderness, and the inflammation, which are so frequently observed in these cases. The principal object of local treatment in such instances is to relieve the inflamed portion of mucous membrane from the constriction caused by the muscular fibres, which has just been described. Temporary relief is immediately produced by returning the relaxed and congested mucous membrane to its natural station; but the benefit thus derived continues as long only as it is retained there.

It has been stated that the different instruments which have at various times been used in this complaint, instead of giving relief, have tended to increase the irritation of the part. This appears in a great measure, if not altogether, to depend upon the mode in which these instruments are constructed. They are generally so contrived that the bulb (by means of which the instrument is retained in the bowel) is placed, when the instrument is worn, immediately within the grasp of the muscular fibres of the levator ani, and it is to this cause that the irritation complained of is principally to be attributed. If, however, the stem of the instrument is made sufficiently long, so that the bulb, when introduced, is situated above instead of within the circular fibres of the levator ani, the instrument can be worn not only without inconvenience but often with the greatest comfort. Such instruments are kept by Messrs. Savigny, in St. James's Street. With regard to the plan proposed of removing portions of the mucous membrane in this disease, Mr. Lee considered the application of the strong nitric acid to the part as a safer and much less painful operation than that which was usually performed by means of a ligature.

Dr. Dickson supported the opinion of Dr. Johnson in regard to the employment of mild medicines, which acted on the bowel above the rectum, in case of obstinate constipation. He had found no remedy more efficacious in these cases than a combination of extract of hyoscyamus, and blue pill, in large doses. This was often of service in cases even of stricture situated high up in the bowel. He mentioned also with commendation a medicine for the knowledge of which he had been indebted to the late Dr. Gooch; it consisted of a mixture of aloes with sulphuric acid. In one instance in particular he had employed this medicine with the utmost advantage. The patient was a lady of constipated habit, who on one occasion had no movement of the bowels for sixteen days. Various gentler means to obtain an evacuation having been employed without effect, the aloes and sulphuric acid were administered; the bowels were quickly relieved, and during the remainder of her life, a period of six years, they were always easily acted upon. She died from diseases altogether independent of constipation. With respect to mechanical support in prolapsed rectum, he spoke with strong approbation of an instrument made by Mr. Laundy. The bowel by this apparatus was supported without inconvenience to the patient, and a cure by its means was occasionally completely effected.

Dr. Leonard Stewart related a case in which protrusion of the rectum had existed constantly for eight years, and occasioned much suffering. The patient was seized with apoplexy, for which bleeding and mercury were restored to. The functions of the bowel were completely restored under the influence of the salivation.

Mr. Macilwain considered that all the speakers, as well as the author, had taken too confined a view of causation in the diseases under discussion. The cause was more frequently in the portal circulation than in the rectum, and remedies applied to that part of the system would be found efficacious. This principle had been acknowledged,

though not distinctly mentioned, in the recommendation of remedies whose chief action was on the liver. He spoke of the necessity of caution with respect to purgatives, which he had seen produce mischief in these affections.—*London Medical Gazette.*

Researches on the Ovum and Corpus Luteum of Man and the lower Animals. By M. Deschamps.—In our Number for April, 1844, we gave an account of the interesting researches of M. Raciborski on the periodical deposition of ova by woman and the females of the lower animals, and as M. Deschamps' views, though not apparently founded on such extensive inquiries, differ in one important point from those of M. Raciborski, we give a short extract of them.

M. Raciborski states that during the menstrual or rutting season one or more ova are developed and thrown off, whether the ova be impregnated or not, and that the place from which the ovum or ova are thrown off is marked by a *corpus luteum.* M. Deschamps denies this, and states that a corpus luteum is alone formed when impregnation has taken place, and that the periodic deposition of ova during the menstrual or rutting season is only followed by a kind of false cicatrix, but by no corpus luteum. While M. Raciborski therefore regards the existence of a corpus luteum as simply marking the menstrual periods, and proves it by a reference to numerous dissections, M. Deschamps regards it as a "certain indication of the fruitful union of the sexes," but refers to no dissections in point. M. Deschamps' description of the true corpus luteum exactly agrees with that which M. Raciborski describes in many species of animals as occurring every menstrual period without access to the male. M. Deschamps describes the ovum at every menstrual period not as being deposited, but as bursting or shrivelling, unless impregnation takes place, when he conceives it is expelled by a particular mechanism. M. Raciborski, on the other hand, from a reference to his numerous dissections of the ovaries of birds and the lower animals, shows that the ovum is discharged entire at every menstrual period, and by the same mechanism as when impregnation has taken place; that the deposition of the ovum and the formation of a corpus luteum are quite independent of access to the male; and that in some entire classes of animals the ovum is not fructified till it be expelled from the body of the female, or is just ready to be so.—*Ed. Med. and Surg. Jour., from Gaz. Med. de Paris.*

Effects of extirpation of the Spleen and Thyroid Gland. By M. Bardeleben.—From M. Bardeleben's experiments, it results that the animals which survive the extirpation of the spleen appear to recover their health, and present no difference from those which have not undergone this operation. He never remarked that they were more voracious than other animals, though it has been said that voracity is generally produced. In no case was the organ regenerated, though Mayer of Bonn observed this. After removal of the thyroid gland the health was not sensibly affected; in one rabbit, however, the ven-

ereal appetite was considerably augmented,—a circumstance worthy of remark, seeing that it has often been asserted that removal of that gland abolished the venereal appetite. The animal deprived of both spleen and thyroid gland presented no change in any function. This fact is in opposition with the opinion of Tiedemann, that the lymphatic glands and thyroid body performed the functions of the spleen when that organ was extirpated. Finally, some physiologists have advanced the opinion that extirpation of the spleen produced augmentation of the venereal appetite, but abolition of the procreative faculty. M. Bardeleben satisfied himself of the incorrectness of this opinion, by breeding dogs which had both spleen and thyroid extirpation.—*Ibid, from Comp. Ren. des Seances de l'Acad. des Sci.*

Prognosis of Chancre with reference to the probabilities of Secondary Symptoms. By M. Ricord of Paris.—In the report of M. Ricord's lectures, it is stated as the result of his extensive experience in the Venereal Hospital, that he has arrived at the following conclusions relative to the chances of secondary symptoms after a primary sore.

1. Primary ulcer is the indispensable precedent of secondary syphilis; without chancre there can be no general infection, except in the rare case of hereditary disease.

2. Simple non-indurated chancre and gangrenous chancre are very seldom, and only in exceptional cases, followed by secondary syphilis.

3. Indurated chancre always gives rise to constitutional infection.

4. The seat of chancre does not in the least degree influence the production of secondary symptoms. Provided the chancre be indurated, secondary disorder is as common and as constant after sores of the mouth, hand, nose, or foot, as after chancres of the penis.

5. The size of a chancre, the number of sores a person is affected with, do not increase his chances of general infection, always provided none be indurated.

6. If the primary sore be destroyed during the six first days of its existence, no secondary symptoms will follow.

7. If six months elapse after the cure of a chancre (no mercury having been exhibited,) without the appearance of secondary eruptions, all fear of constitutional symptoms may be laid aside.—*Ibid, from Prov. Med. Jour.*

Copaiba more active when combined with Purgatives. By M. Jacquetant.—M. Jacquetant gives a full account of the hospital practice of M. Diday in the cure of gonorrhœa, by which it appears that the balsam of copaiba acts much more energetically in the removal of that disease if combined with purgatives. Many instructive cases are shortly given of this mode of treatment, and compared with others in which the copaiba was administered alone, and also

with others in which the cure was attempted by means of purgatives alone. The formula which M. Diday found most successful was three drachms of the balsam of copaiba, 4½ drachms of the powder of cubebs, and 45 grains of the powder of jalap made into an electuary, of which the half is taken in the morning, and the remainder in the evening. The treatment rarely lasted more than five days, by which time a permanent cure was generally effected.—*Ibid, from Gaz. Med. de Paris.*

Extirpation of the Lachrymal Gland for the cure of Fistula Lachrymalis. By M. Paul Bernard.—Some time ago M. Bernard communicated to the Academy of Sciences a case of cure of *fistula lachrymalis* by means of the extirpation of the lachrymal gland. This gland had only been previously extirpated on account of cancer; and the simplicity of the operation, as well as the rapidity of the cure, induced him to remove it for fistula. A man, 30 years of age, subject to a considerable discharge of tears from the left eye, but without fistula, had been subjected to most of the usual remedies for the cure of that disease. The canula, collyria, and ointments of various kinds, had been employed for a period of ten years, but the watering of the eye still continued, and rendered the vision very confused. M. Bernard then determined to remove at least that part of the gland which appeared to be hypertrophied. A vertical fold of the skin on the outer edge of the eye was raised, and a bistoury pushed through it. This exposed the palpebral edge of the gland. This portion was found to be hypertrophied; it was drawn out by the forceps, and removed. The orbital portion of the gland was not at this time removed; but as, a couple of months after, the watering of the eye still continued, he removed the orbital portion of the gland also. No bad results followed: the wound healed rapidly; the watering of the eye disappeared; in fact, a perfect cure followed.—*Ibid, from Rev. Med.*

Cases of Premature Delivery. By M. Senlen.—M. Senlen has excited labour prematurely 13 times in 7 women, in consequence of deformed pelvis. In 3 of these the deformity was produced by rickets; in 4 by malacosteon. Of the 13 labours in these 7 women only 7 children were born alive, and 4 of these died very shortly after birth. The antero-posterior diameter of the pelvis in these women was 2 inches in one, 2½ in another, 2¾ in another, and in the rest less than 3 inches. Labour was induced by puncturing the membranes, and according to the contraction of the pelvis, was brought on from the 29th to the 38th week of pregnancy, The average period, however, was on the completion of the 30th week, or 7 calender months. —*Ibid, from L'Experience.*

Auto-Plastic Operation for the Cure of Ectropium.—Dr. Houston exhibited drawings illustrative of a new application of *auto-plasty* to the cure of *ectropium.* The case was that of a young lady, aged fifteen, who, nine years previously, had sustained a burn on the right

cheek from a piece of coal, shot out of a blazing fire. The cicatrix extended vertically from the ciliary margin of the lid to opposite the lower part of the nose: transversely, it engaged, at the top, the two internal thirds of the eyelid, and became somewhat narrowed to a point inferiorly. It appeared white and silvery, and was thin in substance, and connected by loose cellular tissue to the parts underneath. The lower eyelid was everted and dragged down, immoveably, in a stroup-like manner, so as to have a great part of its red inner surface exposed. The punctum lacrymale appeared open and unobstructed; but from its mal-position could not take up and carry the tears into the nose. The parts in this region were, as a consequence, excoriated by the trickling of the tears down the cheek. Exposure to cold air, or to a blowing wind, aggravated very much all these inconveniences.

The operation practised by Dr. Houston, in adaptation to this condition of lesion, was as follows:—He made two vertical incisions through the skin, one on each side of the cicatrix, commencing superiorly at the margin of the cartilage, and terminating below, by meeting at an acute angle on the cheek, opposite the ala of the nose. He then dissected up the triangular flap thus formed as far as its attachment to the ciliary margin of the cartilage, and carried the dissection even under this cartilage, so as to break up the adhesion of the latter to the surface of the cheek; which being effected, the lid thus loosened admitted of being pushed up into its proper place—the mucous membrane lying against the globe of the eye, and the surface, which hitherto lay on the cheek, being now turned forwards and covered by the flap of the cicatrix. By this step, as may readily be understood, a perfect lid, with mucous membrane inside and skin outside, was constructed out of original, although imperfect, materials, capable of being raised and depressed upon the eye, and of permitting the lacrymal punctum on its margin to come into apposition with its fellow of the upper lid. The next step in the operation consisted in covering over the space on the cheek left vacant by the displacement of the flap, and which now looked doubly large from the retraction of the edges of the wound. To effect this, the incised margins of the integuments were dissected up for a distance sufficient to render them pliable, and then brought together in a vertical line over the centre of the wound, in which position they were fixed by a fine hare-lip needle at the top, and a single thread of suture near the bottom, in a manner calculated to favour union by the first intention. The parts thus adjusted, lying accurately and easily in position and exhibiting an appearance perfectly free from deformity, were farther supported by adhesive plaster and bandage. Strict rest was enjoined.

At the expiration of thirty-six hours the threads were cut across, without, however, removing the needle or stitch from their places. The wound appeared quite dry, and the lips lay, united, accurately together. There was no pain, and very little œdema. The eversion had been completely removed, and the free edge of the lower lid lay straight and on the same line with that of the upper. At the end of

forty-eight hours both needle and suture were withdrawn, the union appearing perfect in every part. At this period, the patient feeling no uneasiness, and, perhaps, over elated at the prospect of improvement in her beauty, indulged rather much in moving about, laughing, and talking with her friends, whereby, as occurring before union was firmly established, a slight excess of inflammatory action was superinduced. In seventy-two hours the dressings were found stained with pus, and the lips of the wound loosened. There was, however, but little separation, as the flaps, having been fixed in the right place by the previous adhesive inflammation, did not retract them much. A bread and water poultice was applied for a night; after which the inflammation passed off, and the wound soon healed by a narrow line of granulations in a manner to fulfil every desirable indication. The red surface of the lid had ceased to be visible externally; the tears no longer trinkled down the cheek; and, although a trifling mark remained to show the point of healing by granulation, and which, certainly, would not have existed but for the accident of the secondary inflammation, still the relief from deformity (as shown by the drawing) was nearly complete. It might be supposed that the skin of the cicatrix, pushed up, as above described, against the cartilage of the lower lid, would have constituted a bulky prominence there; but such was not the fact, as only a thin layer had been removed for transplantation, and, as even that had shrunk away much during and subsequent to the healing of the parts. Dr. Houston said that it appeared unnecessary for him to enumerate the other modes of operating for ectropium, in order that the difference between them and the mode here practised should be appreciated. That difference would be obvious to every one. Here there had been no cutting away of any part. The skin of the cicatrix was transplanted so as to form an outer integument for the eyelid, and to prop up that lid against the globe; whilst the skin of the cheek, brought in from the sides, was so applied as not only to cover over the part deserted by the cicatrix, but, by taking its place, to prevent the latter from again descending in such a manner as to contribute a second time to the production of the ectropium.—*Dublin Medical Press.*

A Fish-hook removed from the Œsophagus without an operation. Reported by Andrew R. Kilpatrick, M. D., *Woodville, Miss.*—In the summer of 1837, Mrs. * * * was enjoying her usual *siesta*, in the afternoon of a warm day, on a pallet spread upon the floor in a cool part of the house:—and while she was lying on her back sleeping pleasantly, no doubt dreaming of past pleasures, her grandson, a little urchin of three or four summers, was playing about the house with a fishing tackle complete, pole, line and hook; who, when he discovered the old lady with her mouth widely distended, thought it was a fine opportunity to "catch a fish." Accordingly, in order to effect his purpose, he cautiously deposited the "barbed hook," (I be-

lieve there was no *bait* on it,) into his granddame's open mouth. The titilation caused her to awake suddenly, and as her mouth was dry from exposure, she closed it, and swallowed the hook two or three inches below the uvula. So soon as she discovered her situation, the whole family was assembled by her calls and cries of distress, *except little Charley*, who had dropped his pole in a panic, and, in provincial phrase, *mizzled*.

Some gentle efforts were essayed to remove the hook, both by the patient and some of the family; but being apprehensive of fixing the barb in the throat, they ceased all efforts, and despatched a messenger for Dr. E. Leroy Antony, who resided in the neighbourhood. When he arrived, and found that the hook was not fastened into the flesh, his fertile brain suggested a plan by which it could be removed safely, easily, and *without an operation*.

His plan was, to cut off the line within a foot or two of the mouth of the patient; then to drill a hole through a rifle bullet and drop it over the line, down on the hook. In order to fix the bullet on the point of the hook and maintain it firmly in that position, a reed was procured, the joints punched out, and then passed down over the line, and pressed firmly over the bullet. In this manner the hook, bullet, and reed, were all withdrawn at once, very easily, without any injury to the œsophagus or fauces.—*N. O. Medical Journal.*

Case of Occlusion of the Vagina in a pregnant woman. By A. Davizac, M. D., *of New Orleans.*—(This case was reported to the Medico-Chirurgical Society of Louisiana, in October, 1843.—Ed'rs.)

A few days since I visited, in consultation with Dr. B. of this city, a woman under his care, aged about twenty-six years, of robust stature, somewhat plethoric habit, and muscular appearance, at the time laboring under strong expulsive pains of childbirth. I proceeded to the examination *per vaginam*, and to my astonishment found a little above the mouth of the urethra, a complete obstruction to the passage of the finger. Upon a minute examination, the vagina was found apparently completely closed by a strong, dense, striated membrane—the striæ radiating from the centre, and giving the sensation of tense cords. Finding that delivery was impracticable, Dr. B. and myself concluded to administer an anodyne in order to lull her pains; and advised her husband to call in Dr. Luzenberg the following morning. She slept well and remained quiet during the remainder of the night.

Dr. Luzenberg met us early the next morning, and satisfied himself of the condition of the parts above described; with the addition of an opening not larger than would admit the head of an ordinary probe, which could only be observed when the membrane was protruded by the head of the child during the expulsive pain. At noon of the same day, he performed an operation by making a crucial incision the whole extent of the obstructing membrane. It proved to

be very thick and tough, resisting the instrument like tendon. Immediately after the operation the head of the fœtus could be distinctly defined; the occiput presenting itself to the left of the pubis. The labour then appeared to advance tolerably well, and we thought would be soon terminated. At night the head had descended so as to press considerably on the perineum; but still the soft parts continued rigid and unyielding, and the bones of the head preserved their spherical form.

We then attempted to deliver with the forceps, and with difficulty introduced one blade, but we found the head so firmly impacted that we did not deem it prudent to proceed any further, and desisted.

On the following morning, at the suggestion of Dr. L. we determined to perforate the head, and attempt to bring it away with the hook. Accordingly we placed the patient on a table for the purpose of operating with more facility—and having passed the perforator into the fontanel, and broken up the brain, the bones of the cranium collapsed, and then by the use of considerable force with the hook, we were enabled to extract the head. After this, the shoulders offered great resistance, but we finally succeeded in bringing away an uncommonly large male infant. It had been sometime dead, as was indicated by the livid spots and phlyctanæ on the neck. The placenta followed immediately afterwards. The uterus contracted well and quickly; and the patient complained of nothing now but exhaustion. She is at this time convalescent.

Upon inquiring minutely into the previous history of this case, it was ascertained that a few years since, she was married the first time —that she had been a stout and healthy girl—that about a year after marriage she was confined in childbed, and had such a difficult labour that the fœtus had to be dismembered before delivery could be effected; and that she was very much bruised and lacerated during the operation. Very soon after her accouchement, and before she had any intercourse with her husband, he died. She slowly recovered, and had no sexual intercourse until her marriage to her present husband, which took place about two years afterwards. She menstruated regularly during the time. The husband says there seemed to be considerable difficulty in the first copulation, but that since then, although he always perceived an obstacle, it seemed to be elastic, and yielding to a considerable degree. Her last accouchement took place about 16 months after marriage.

Upon reviewing the history of the case, it would appear that owing to the laceration caused by the first instrumental delivery, there was an adhesion of the walls of the vagina, or the formation of an adventitious membrane which closed it up with the exception of a very small perforation, which could only be discovered when it was distended, but was sufficient to admit the discharge of the menses, and the ingress of the *semen masculinum.* The obstructing membrane was sufficiently elastic to admit the male organ into the vagina to a satisfactory extent. The woman has a remarkably narrow pelvis, and it is to be apprehended can never be delivered without instruments.

The most interesting features of this case relate to the formation, and the extremely small perforation of this adventitious membrane, (being not larger than the end of a probe;) yet it seems to have been sufficient to allow egress to the menstrual flux, and consequently must have admitted some portion of seminal fluid; yet the latter must have been greatly obstructed in *its natural jet*, and could scarcely have penetrated as far as the *os uteri*. Such however are the facts in the case, and they are submitted to the society.—*Ibid.*

Ligature of a Polypus of the Bladder.—Augusta S., 45 years of age, unmarried, had long complained of pain and difficulty of making water, of bloody urine, &c.; when one day suddenly a dark red body, which bled freely, presented itself between the labia. Careful examination discovered it to be a polypus, the size of a hen's egg, and projecting from the urethra, which could readily be entered with two fingers, and the pedicle of the polypus, which was one-third of an inch thick, followed into the bladder, without however getting to its point of attachment. I succeeded in throwing a ligature round it by means of two elastic catheters, and then with a proper canula, constricted it as far within the bladder as I could reach. On the third day the ligature was tightened, and on the 6th the polypus fell off. The patient recovered completely.—*Dr. Thiénemann, Medicinishe Zeitung.*

Sheffield Medical Society, December 12, 1844.

Enlargement of the Heart; Diseased Valves: Hemiplegia.—Dr. Favell exhibited the heart of a young man, aged 21 years. He was admitted into the Infirmary under the care of Dr. Favell, on Friday, Novembe 8thr. At the time of his admission he complained of slight rheumatic pain in his legs; on visiting him the next morning, he was found hemiplegic; motion and sensation in the right arm and leg were very much impaired; the mouth was drawn to the left side; articulation was very indistinct; and the pupil of the left eye much more dilated than that of the other. He stated that he had a similar attack, but in a much slighter degree, on the previous Sunday. Pulse 90, regular, but vibratile; no pain in the head. On examining the heart, a distinct fremissement was felt when the hand was placed on the præcordial region. The impulse was much increased; the dulness considerably more extensive than natural; and the apex beat on the axillary side of the nipple. A loud rough murmur was heard with the systole at the apex, and also an inch above the ensiform cartilage, and gradually decreased towards the situation of the aortic valves. A softer murmur was also heard along the course of the left ventricle with the diastole. The heart was of twice the natural size, and weighed between sixteen and seventeen ounces; the auricles were much dilated; the right auriculo-ventricular opening dilated; the tricuspid valve opaque, and the free edges indurated; the left auriculo-ventricular opening contracted, so as not to admit the little finger, and furrowed with ossific deposit; the mitral valve short, thick, and cartilaginous.

The walls of the left ventricle very much thickened; the aortic valves rather thicker than natural, but containing no ossific deposit.

Enlargement of the Breasts in a Male: atrophy of the Genital Organs.—A man, aged 55, originally a quarryman at Rochester, but afterwards one of the British Legion in Spain, was presented to the Society, having a remarkable development of the breasts. He stated that he had been very healthy, had three children, the eldest 25, the youngest would have been between 8 and 9 years of age; that in an engagement in Spain, he tried to jump over a trench, but, being laden with his knapsack, failed, and fell with his chest against the opposite margin. He received a blow on the lower part of the spine, and falling some depth, received a violent blow on the occiput, which rendered him insensible. He was under the care of Mr. R. Alcock for some time. Since that period the mammæ have gradually increased in size, his voice has diminished in power, his beard has diminished, the right testicle has diminished to a very small size, and the left is still diminishing, and he has had no sexual desire since. He is partially paralysed on the right side, and moves about very much bent. Skin fair and soft; beard very thin and soft; voice weak; mammæ pendulous; nipples rather prominent; the glands very large and distinct; penis small and shrivelled; right testicle having the feeling of condensed membrane; left of a moderate size, but not firm, and tender on pressure; the pelvic region round, more like that of a woman, not presenting the angular appearance of the male. He denies having ever had venereal disease, or taken any quantity of mercury.

Cases were mentioned of enlargement of the breasts in the male, related in the "Philosophical Transactions," vol. 41; and in Captain Franklin's "Journey to the Polar Regions;" and of emasculation consequent upon blows or wounds of the occiput, related by Larrey, in his "Clinique Chirurgicale;" and by Hennen in his "Military Surgery." There was no appearance of abscess in the mammæ.—*Prov. Med. and Surg. Journ.*

Death of a Surgeon from Prussic Acid.—A lamentable occurrence took place at Stratton, near Cirencester, on Thursday, the 23rd ult., whereby Mr. Daniel Stuart Holmes, one of the surgeons to the union, came to an untimely end, from accidentally taking an overdose of prussic acid. An inquest was held before Mr. Ball, on Friday. The particulars are as follows:—Mr. Holmes left his house on horseback, on the afternoon of Wednesday, on professional business. At about four, he returned, went into the house, and complained of being much fatigued. After some cheerful conversation, he expressed a wish to be left alone, as he was sleepy. His brother, Mr. James Holmes, and deceased, had some conversation on their professional business, and he was then, at his own request, left to his repose till about six o'clock. His servant said he was then sitting in his chair, leaning back, and did not seem well. She said "You had better go

to bed. As I left the room, I saw him go out of the opposite door to that at which I was leaving, into the surgery. I returned almost immediately, and as I came into the room, I heard a noise as if he were sick; at the same time I heard something drop to the ground. That was the bottle now produced. I looked towards deceased, and saw him falling. He put his arms out to save himself. He fell rather forward. I ran to deceased, and lifted him up, and fetched a jug of water, of which I poured some down his throat, and threw some over his face. I then told the boy to run to Mr. James Holmes, and fetch him, as he had gone out. He came home immediately. This was ten minutes from the time of deceased falling. He gave him an emetic. Deceased's pulse was then hardly perceptible. As soon as the boy had returned from calling Mr. James Holmes, I sent him to Cirencester for Dr. Kenneir, but deceased was dead before he could get there." He breathed his last about twenty minutes or half an hour after his housekeeper heard him fall to the ground. The bottle was labelled, "Hydrocyanic acid, of Scheele's strength. Minor dose, one drop." The bottle was a little less than half full when picked up. It would have held half an ounce more. The cork was in. Mr. Holmes had killed a cat with a little of it a short time before. She did not know if he had been in the habit of taking any of it himself. Mr. James Holmes said his brother occasionally complained of a pain in his head, and occasionally in his right side. He had also a slight cough. He took medicine every week. Frequently, when he had complained of pain, he had seen him take a little prussic acid by touching his tongue with the cork of that bottle. About six months ago deceased had been heard jocularly to remark upon the strength of the dose he had taken, as it had made him giddy. He was as cheerful as he had ever been in his life on the evening of his death. Dr. Kenneir and Mr. Pooley were requested to make a post-mortem examination of the body. They had no doubt deceased died from taking prussic acid. The remedies administered were brandy and ammonia. The jury, after a short consultation, returned a verdict to the effect, "that deceased had died from accidentally taking an overdose of prussic acid."—*Wilts and Gloucestershire Standard.*

WESTMINSTER MEDICAL SOCIETY, FEB. 1, 1845.

Foreign Bodies in the System.—Mr. Chance detailed the case of a patient who came under his care some months ago with a wound in the arm, which he stated to have been produced by a liniment, which was ordered for rheumatic pains, under which he was labouring. Upon close investigation, it was discovered that some time previous to his suffering, he had run a piece of glass into his arm. He, Mr. Chance, cut down upon the most tender part, and extracted a piece of glass, one inch in length, and half an inch broad at the base, which lay between the tendons of the flexor sublimis and profundus. About a month afterwards, a blacksmith came to him with a piece

of steel about half an inch square, which had been imbedded in his arm for about three years. Upon bending the hand upon the arm, a swelling was perceptible. The case was attended with pains of a rheumatic character. The swelling was cut down upon, and the piece of steel removed. He suffered from no pain afterwards. Mr. Chance inquired of members the reason of abscess following, in some cases, the introduction of foreign bodies into the lining tissues, and not in others, and also how the pains so closely resembling rheumatism could be explained.

Mr. Fisher related a case in which a bullet passed from the maxillary glands to the middle of the neck, and which when removed by himself, after a considerable period, was found to be coated with phosphate of lime. In answer to a question, Mr. Chance observed, that the parts surrounding the foreign bodies in his cases were perfectly healthy; there was no sac and no condensation of cellular tissue.

Mr. Hird remarked that, as a general rule, inflammation took place around the foreign body, and a sac was formed.

Mr. Fisher related the case of a man who fell from a ladder through a skylight. He cut himself much, but very speedily recovered. About eighteen months after the accident, however, he complained of great pain in the palmar fascia. Mr. Fisher made an incision into this part, and extracted three pieces of glass.

Dr. Reid recollected a case which occurred in St. Giles's Infirmary. The patient complained of great pain in the knee, on the side of which there was a moveable swelling, closely resembling a loose cartilage. An incision being made into it, a large darning-needle, much bent, and black, was extracted. The patient then remembered that it had passed in fifteeen months previously.

Dr. Sayer related the case of a lady, forty-eight years of age, who accidentally received a pistol-bullet between the fifth and sixth ribs. It passed between these bones without injuring them, or wounding the intercostal artery: it passed into the thoracic cavity, and there remained for several years. Occasionally, and particularly on the least exertion, she was subjected to distressing attacks, bearing every similitude to spasmodic asthma. The immediate effect of the injury had been the production of pneumonia, which, however, gave way under bleeding, and other antiphlogistic remedies. On examination after death, the right lung was found healthy, but the lung corresponding to the wound had become adherent by a pouch to the thoracic parietes. In this pouch was found a bullet. He recollected the case of a young lady in whom severe pain came on suddenly whilst she was riding, in the upper part of the thigh. She was obliged to be carried home. Upon examination of the part nothing could be detected, but she experienced considerable pain on pressure behind the upper part of the trochanter, and on an incision being made into this part, a needle, an inch and a half long, black, and coated here and there with oxide of iron, was extracted. She had no recollection of the time or manner in which the needle had become introduced into the system.—*Lond. Lancet.*